

**Governmentality and Population Control:  
A Theoretical Exploration of Indian Experience,  
1950s - 1970s**

*Thesis submitted to Jawaharlal Nehru University  
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**DECLARATION**

I declare that the thesis entitled “**Governmentality and Population Control: A Theoretical Exploration of Indian Experience, 1950s-1970s**” submitted by me for the award of the degree of **Doctor of Philosophy** of Jawaharlal Nehru University is my own work. The thesis has not been submitted for any other degree of this university or any other university.

**Hidam Premananda**

**CERTIFICATE**

We recommend that this thesis be placed before the examiners for evaluation.

**Prof. Nivedita Menon**  
Chairperson, CCP&PT

**Prof. Nivedita Menon**  
Supervisor

**For**

**My daughter Yenning who brought us some strange and  
sweet vocabularies.**

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## Introduction

In India in the mid twentieth century, reproductive sexuality of the people came to occupy a dominant place in national reconstruction schemes. This was the ground for population control to emerge under the rubric of family planning and modernisation programme. The objective and authoritative categories which the colonial state used to describe the Indian population had brought 'quantification' into the public political discourse along with the rhetoric of birth control, eugenics, public health. Though there was a general consensus on the inadequacy of the vital statistics of the population during and after the colonial period, the *discourse* on vital statistics was vibrant, especially in the works of economists, health professionals, eugenicists, and birth control activists and demographers. With such a scale of attention to the role of population statistics, the values of modernity and science came to occupy a dominant place in the efforts to formulate public policies in the field of health and family planning in India. As Theodore M. Porter argues in the context of the development of statistical methods in Europe, the notion of 'objectivity' seen to exist in 'numbers', had become an important instrument of political power in the west (Porter 1991: 246). This was perhaps the very logic which operated in the rising attention to population statistics in India's postcolonial experience. Population data came to play a critical role in constituting 'modern' India by taking into account questions concerning birth, death and health.

The question of 'overpopulation' in India was seen not only as a challenge to the efforts of leading the new nation on the path of development but also to the uphill task of social transformation. Introduction of 'family planning', later changed to family 'welfare' in the official vocabulary, was very much a concern that went beyond reducing the size of the family and to being a policy of social engineering and transformation. It was in this context that reproductive sexuality was mobilised by state practices in order to create appropriate values for modern life and control the size of the family. Population control in India produced a body of statistics as reliable and tested facts, providing 'information' about the population, that is, **demography**. Methods of intervention such as **the clinic** and **the camp** made it

possible to intervene into the sexual and reproductive life of thousands of men and women. It was not without significance that the large chunk of eligible candidates who participated in the population control programme was the poor in general.

### **Theoretical background**

The focus of this dissertation is then to understand the techniques of engagement and the methods of power involved in population control in India. Primary concern of the study will be to examine how population control in India produces new circulation of power in the form of institutions, methods and strategies of administration. To put it in other words, the primary focus of this study is to see how we can think about population control in light of the demographic practices of a whole series of agencies like investigators, administrators and experts and what they do with their formal, administrative imaginations and designs. I would argue that by linking them into specific schemes we may see population control as a field of administrative politics that constructs reproductive life of the Indian population as an object of planning, development and discipline in the beginning of the second half of twentieth century. The period under study that is 1950s-1970s was primarily chosen as it was during this period that most of the fundamental ideas, experiments and efforts concerning population control in India came to emerge along with the three elements of population control that I propose to study in this dissertation. In order to approach to these three elements, I have focused on three key theoretical interventions that are discussed below.

#### ***a) Governmentality***

As Foucault puts it, governmentality is the conduct of conduct across various categories along with an assemblage of techniques and procedures. It involves conducting of behaviour in the form of governing of children, souls and consciences, households, oneself and the state (Foucault 1997: 82). It can be understood as modern mechanism of governance that takes as its object the population. In this sense, governmentality refers to government of 'each and all' for example through health, welfare, prosperity and happiness of population. As a form of power, governmentality re-codes sovereign techniques, rationalities and



institutions in order to conduct, as Mitchell Dean puts it, the conduct of individuals and the population in general (Dean 1999: 19).

As an analytical perspective, governmentality can be understood not only as a theory of power, authority, or governance, but also as a set of particular questions that seek to understand the phenomena of power and government through empirical inquiry of the manner in which these categories are actually in operation (Rose, O'Malley and Valverde 2006: 85). It is in this light that one can understand what Foucault has shown in his study of political economy and population as a new form of government particularly in eighteenth century Europe (Foucault 1991 and 2007). Governmentality is in this sense, as Margo Huxley suggests, a coalescence of various strategies and practices that define and create particular behaviours and identities 'within a given space or territory, and which only contingently and unevenly come to be exercised by the state' (Huxley 2002: 142). At the same time, governmentality moves beyond the disciplinary power to directing the conduct of the governed in order to develop the governed as particular subject actively involved in the enterprises of governmental practices (Dean 1994 and 1999; Rose 1999). As Foucault puts it, governmentality as a form of power emerged in the eighteenth century Europe to mobilise population as the goal of government that is, to increase the quality, wealth and longevity of the 'population' (Foucault 2007; Rose 1999). This new technique of government brought sexual and reproductive conduct into the purview of governmental policies in a number of ways. Before statistics discovered the regularity of the population in terms of its birth, death and health, the model of intervention in the management of population was tenuous at least from the perspective of governmentality.

At the same time, governmentality also allows us to bring under the analytical frame the entire domain of institutions, interventions and interpretations. Sarah Hodges in *Contraception, Colonialism and Commerce* (2008) offers an account of the colonial governmentality in the context of contraception in early twentieth century India. Hodges' account is particularly interesting because it understands contraception as 'a site of governance and politics'. Hodges identifies three modes of governmentality of contraception to take place under the colonial conditions and

they are that of *the state*, voluntary *associationalism* and popular *commerce*. Contraception, Hodges argues, does not figure merely as ‘as a story of success or failure rates of births prevented or as a factor in a graph put together by historical demographers’. What is even more important than to think of contraception as tools of regulation and analysis is to see how one can actually decipher, through the contraceptive practices, the traces of ‘political and social change, progress and scientific modernity in the late colonial world’. It is in this sense that I shall examine mid twentieth century modes of governmentality in India with regard to population control. Population control can be considered as a set of practices, policies and strategies that seek to promote or regulate a desirable level of family size and also to construct or shape particular kind of citizenship subjectivity and modern, responsible individuality.

#### ***b) Techniques of power***

Governmentality understood both as a concept of power as well as analytical concept in the study of power involves an analysis of the techniques through which governmentality actually takes place. As Rose argues, in order to study government one has to go asking beyond the apparently obvious historical or sociological questions such as what happened and why. To study governmentality, Nikolas Rose writes, it is necessary to ask such questions such as ‘what authorities of various sorts wanted to happen, in relation to problems defined how, in pursuit of what objectives, through what strategies and techniques’ (Rose 1999: 20). Focus on the strategies and techniques in this sense will enable one to see the significance of the tools that include surveys, reports, drawings, pictures, numbers, bureaucratic rules and guidelines, charts, graphs, statistics that represent events and phenomena as information, data and knowledge. These tools are significant because, as Rose argues, they make objects visible (Rose and Miller 1990: 4).

Foucault argues in *The Birth of Biopolitics* that the rise of scientific explanation and description of the reality of population gradually replaced the power of wisdom which before the rise of governmentality sought to regulate, measure, and limit the indefinite exercise of power of the sovereign (2008: 311). The revelation of truth by ‘science’ and other scientific practices was, according to Foucault, not a

part of sovereign model of government. However after significant development in philosophical exercise as well as works in the scientific knowledge about society and nature as it happened in the seventeenth century Europe, exercise of power was adjusted not in accordance with wisdom but, Foucault argues, according to what he calls calculation that is to say ‘calculation of force, relations, wealth, and factors of strength’. Foucault discusses wisdom and calculation in this regard. Historically, Foucault argues, ‘the idea of regulating, measuring and so limiting the indefinite exercise of power was sought in the wisdom of the person who would govern’ (311). Wisdom, according to Foucault, is to govern according to the knowledge of human and divine laws. Wisdom is significant because it is the basis of regulating a model of government by invoking truths of the religious texts. This is what was actually practiced in Europe some five hundred years ago when the actual question was how the ‘sovereign had to be wise and in what his wisdom consisted’. Rule by wisdom therefore, according to Foucault, is to govern in accordance with what human and ‘divine’ order may prescribe. The revelation of truth by ‘science’ and other scientific practices, on the other hand, as Foucault suggests, is not a part of this model of government (311-312). With it government is to be connected more to the rationality of governing than to the prescription of the truth. What Foucault implies when he says that the practice of government is pegged to rationality is that the modern form of governmental technology is the exercise of control and discipline.

There is one clarification however. Foucault discusses wisdom and calculation in relation to the development of ‘civil society’ which, according to Foucault, is not as a philosophical idea but as an actual technology and rationality of governance. Yet the significance of governmentality, as we understand particularly in the way it is theoretically applied to seeing the process of population becoming the object of analysis in governmentality scholarship, cannot remain confined only to liberal rationalities. Because attention to liberal rationalities is as much an examination of the historical-discursive development of a specific practice of a rationality as looking into the ways of possibility of this development in varied forms, going beyond the liberal rationality.

Foucault suggests that the logic of modern form of governmental technology is not only the will of the governor but the rationality of the governed which begins to serve as the regulating principle for the rationality of government. This rationality invokes the practices of surveys, counting, censuses, and classification. Similarly, suggest Porter, what is significant in this new governmental focus is that population need to be understood in the form of numbers (Porter 1995 and 1991) to create what Paul Rabinow would call ‘a new political rationality’ (Rabinow 1984). As Mary Poovey has shown, the modern fact has numerical life with modern effects. It is through this process that fact understood in the numerical form as well as an authoritative concept comes to reveal specific ways of conceptualising the society, wealth and political and economic life of individuals. The rise of modern fact in this sense can also be linked to the way in which fact comes to acquire the power to determine, as Ian Hacking would say, ‘the form of laws about society’. Again as Hacking says, the modern fact also creates a public life of its own to operate as the figure to gain authority (1990: 7).

However, as many have pointed out, the colonial world had a different logic of these techniques and analysis of rendering population visible. As David Scott argues, colonial power transformed and redefined the political and social worlds of the colonized in relation to the structures of modern power (1995: 214). Its operation had many facets. For example, the political rationalities of numbers, calculations and accounts and the technologies of inscription in the context of trade and commerce enabled the colonial authority to control the native population within the discursive space of such rationalities (for example in Kalpagam 1997 and Ludden 1992). Along with this new form of rationality, population as a category of information came to figure in statecraft and state practices. As a result, a series of statistical abstractions through various micro-practices of collecting information of individual behaviour emerged in order to intervene in individuals’ lives. The practices of information collection had become in the last two centuries a most prominent practice of statecraft (Hodges 2008) and would play a large part in determining what constitutes a ‘fact’. This has wider political implication not only in the sense that authority is exercised on the basis of the concept understood as objective and neutral but also in the way it evokes the idea of being with the

facts. As Bernard Cohn's notion of objectification has shown, census practice undertaken by the colonial state led to the emergence of new sense of identity of various groups of Indian people. The enterprise of census that involved large-scale quantification of population in turn, Cohn argues, created conditions for new strategies of political mobilization that had 'became an object to be used in the political, cultural and religious' (1987: 250). Classificatory dimension in Cohn's argument has advanced the understanding of how statistical measures and programmes begin to figure in the efforts to know the history of modernity, science, and forms of governmentality associated with colonialism (as studied in Dirks 1987; Ludden 1994; Arnold 1988; Appadurai 1994; Guha 1983 and Chakrabarty 1983). Within this body of scholarships, Arjun Appadurai's argument about the justificatory functions of 'number' is pertinent to discuss a little further. He shows that various enumerative strategies of the colonial state in India had two complimentary functions, 'pedagogical and disciplinary'. As Appadurai argues, the colonial imagination of number and its representation of India were characterized by a contradictory relation between what it 'served as the purposes of colonial rule' and what it produced in the form of 'representation of Indian selves'. Much the same would be true of the postcolonial period where demographic investigations, collection and promotion of reproductive information of the Indian people come to play significant role in the nature and manner in which population control is conceptualised and administered.

Taking into account of this understanding, this study of population control practices is located in the practice of the investigation, control and interpretation of population as an object of planning as well as the condition for it to articulate diverse groups as target population. When facts of reproductive life is constructed in order to control population, family planning clinic comes to operate not necessarily as a biomedical institution but a method of integrating various technologies of administration and interpretation while the sterilisation camp begins to speak about population problem in a different mode. Yet, the rationalities are not exhausted in the governor-governed relationship only. The relationships are generated and reproduced and recreated in different forms while the very rationalities also get transformed in the process of control and regulation. In short,

we may note that since the place of population control has been increasingly on the focus of the modern principle of governing domestic and conjugal sexuality in India, the notions of personal 'wellbeing' of the individual and public citizenship have become much visible in the form of numerical figures. It is in this context that population becomes a prominent domain of governance, planning, development and national reconstruction and reformation.

### c) *Population*

Population is a product of modern techniques of seeing and observing. It is also the foundation of the technology of seeing and observing. To be modern, so to say, is to see like a modern and for that matter act as one. There lies an explicit politics of population control as practices of modernity more particularly in the mid twentieth century India. Population control comes to be prominent during this period as strategies and imagination of engineering modernity.

When huge concern on population control is shown in public-political rhetoric of national planning, development and modernisation, population is in this sense not merely an object of administration. It is to be used as the foundation of the meanings of modernity as visualized in the rhetoric of data ambition, control and welfare techniques. It produces rationalities of intervention, interpretation and administration which together at the same time reproduce how to have a nationally affordable size of population of the country. My argument in this work is not only about the advent of demographic description, clinical institutionalization and mass orientation of population control in India. It is also primarily about the achievements of technologies of intervention into and interpretation of the population, its number and conditions. These achievements are tightly interwoven with a new way of seeing, with which to speak about planning and crafting of development, welfare and happiness in India in the second half of the twentieth century.

Through a study of the discipline of demography in India, the clinic and the camp, this dissertation examines how population is constituted in the administration of population control policy. While it is always the case that policy is particularly

conceptualized, implemented and measured in relation to its target population, there is also the case, which I would argue in part, that conceptualization of a particular policy is in commensurate with the techniques of knowing with which to render the population visible and relevant object for the policy in question. For example, when a population is first discovered within the frame of vulnerability as excessive reproduction and its consequent health hazard on the mother and the child or children, the welfare of the family, etc, various policy to intervene into this form of vulnerabilities may come up and thereby population which is vulnerable as understood within this administrative policy discourse then becomes an object of the policy. But at the same time, these policies can also be seen as the product of the way in which the population is defined as vulnerable in various forms. It is to ensure for the population in question to be brought to the rationality of improvement and welfare schemes that it is first needed to be known, made to be visible as in need to be intervened in and governed along with the technologies of risk and welfare. To put in other words, ‘Why policy’ is a question that usually comes from the planners and experts but ‘Why population’ is also not less usual to come in the way the former does. I shall discuss ‘population’ not only as a variable, an object or a field described and understood in population control ‘practices’ in India but also as the problematic of government as Foucault understood. Sarah Hodges also points out that the notion of ‘population’ in *population control* functions as ‘hyperreal’ of its being an object of biopolitical governance (2008: 4). However, when I use the term population I find it not only hyperreal but a concrete object carved out of many inter-related policies, and not as an *abstract entity* as Hodges believes.

‘If one says to a population “do this’, Foucault writes, ‘there is not only no guarantee that it will do it, but also there is quite simply no guarantee that it can do it’ (2007: 71). The real problem for him is how to make the population ready to do what it is desired to do. And yet there is no ‘guarantee’. But if there are things to do that would allow one to ask the population to behave in particular ways then these things, as Foucault argues, are the concern of the whole establishment of the techniques and rationalities of intervention and in fact of the act of governance. Taking into account of the Foucauldian understanding of population, we may argue

that population control policy is not merely a tool or means to achieve some desirable objectives. It is not even a guiding principle or a strategy of directing to certain end. It is the very manner of conducting administration for it invents, produces and facilitates what should be and is the advantage of having population control from the governmental point of view. This is what I would be looking at in this dissertation.

### **Methodology**

As part of Indian population control programme, a series of investigations were conducted by professional demographers or under their supervision either individually or institutionally. These investigations had produced a huge body of reports. Very few of the reports however have detail 'reporting' of what was actually going on in the field, for example, how the field investigators actually faced the respondents. What is interesting to me is however not the point that they have left out the details but that the details are never allowed to intervene in the interpretation of the reality as the investigators would claim to have experienced it in their encounter with their field. There is a politics of telling the truth, of honesty in obtaining data through the investigations though. The truths revealed by this honesty, one that is born out of the concern to know the reality is however unable to escape or be removed from the 'norm' the investigators had already 'internalized' at the moment of conducting an investigation. This is the sublime part that all these investigations shared in the inquiries into sexuality and personal lives of thousands of men and women.

Particularly for a researcher like me who has no background in 'field work' as generally portrayed in the methods of social science, I have a difficulty which has a political meaning. Some of the reports come in the form of a regular book and others in proper manual typewritten format, while others are available as articles in journals or chapters of a collected volume. In whatever form they come, they are public, though they are accessible only to a few – a population of professionals which is their primary addressee. They might lie though on the office desk of administrators or the shelves of libraries of professionals of like interests or institutions doing major works specializing in the field for which the reports speak.



They are meant not for all and when I tried to intrude so to say to the hard built wall of 'professional', 'official', 'expert' I am only an 'anybody interested' who wants to know what these data are actually doing. The significance of my difficulty is not that I ask the question: what are these data doing? which is, I think, different from asking, what are these data telling? In fact, telling is one form of doing only if what the telling is doing is focused. It is significant because this reality constituted by the large body of numbers and graphs, their interpretation and the very practice of documentation is at the same time, a reality that operates with specific meanings, rationalities and imaginations. So when the demographic investigations construct the reproductive life of Indian population and later document them in the form of 'this is what is out there', there is in it a grandiosity of techniques, methods and interpretation bounded in volumes. My interest is to see the field which is constructed as the reality by the methods, meanings and imaginations of the authorities is always negotiated domain where administrative politics and the target population engage one another. I intend to see the field as peculiar for it influences the nature of intervention as well as the concept of population.

Besides the investigations, there are various kinds of official communications, official resolutions, policy statements and 'government' reports, for example by Planning Commission and many others by a number of expert committees. They tell what the government had done in a particular period of time, or what the government thought when it actually conducted various activities in the field of population welfare and other related schemes of improvement. These official documents are not only the record of government's achievements. They also tell so many stories about how the government might think about doing the activities. What is important for my purpose in this study however is not that they tell official stories. The significance of the documents exists in their connectedness, their conditions of availability and possibilities of emergence. It is in the connectedness among them that 'population' is framed and it finds its productivity as a concept and value within changing modes of thinking that the archives speak. These documents think together about administrative feasibilities and convenience when they face the need to change. They refigure and reconstitute the 'problems' within

various rationalities of intervention to which they belong. They mark and generate underlying rules and sites of enactment, identification, contestation and attribution. Resolution of one official meeting when linked to another resolution and other policy statements or a letter from the secretary to a Ministry, particularly in this case, lead to a uniform pattern of change under the ideal of 'collective responsibility'. They often come up with imaginations and conclusions. They can be linked in more than one ways when they define, manage and articulate the desire to change or intensify a move. Various documents respond to complex negotiations and exchange of agreement and disagreement. But one thing is for sure that even as they have a discursive life of their own, they build together at the same time the collective discourse of policies, interventions and interpretations. They live with effects to form, keep in their memories the subjects of their method which they speak in administrative languages. So, these documents rather than representing the minds of their creators, the experts and the officials, speak of the discourse in which they live. I would engage with these aspects of administrative politics in population control in the current study.

### **Outline of the study**

In the following chapters, I would draw on this process of the rise of population thinking, planning and practice in India by looking into three locations: demographic investigations, administration of clinic and mass sterilization camps. Focussing on some significant theoretical postulations on the notion of population and the manner in which the category has become a significant object of studies in policy and governance, this dissertation attempts to reposition population control within specific practices of *demography*, *clinic* and *sterilization camp* in India. I would generally argue that when demographic, statistical and clinic practices meet at a particular juncture of policy articulation, new forms of statecraft, ethics of self regulation and citizenship begin to appear. This study examines, for this purpose, the new forms of practice and subjectivity that emerge in the enumerative practice of the three elements of population control in India.

Population control precisely guides governmental activities. It produces the rationalities and the needs to move from one particular object to another. For

example, the focus from home to the sterilization camp, from public responsibility to personal behaviour, from national duty to domestic sexuality, and lastly from attitudes to disciplining the attitudes involves a series of administrative practices. This is a crucial aspect that we need to see. My purpose is not to evaluate the effects of policies or to see the ‘unintended’ consequence of the schemes and policies of improvement in the form of population control. The purpose of viewing population control and policies related to it is to enable us to see how policy itself is a field of governance, one in which administrative power is exercised in order to produce more possible interest and efforts to govern more effectively and successfully with certain knowledge, models and strategies.

This is why I closely examine the significance of demography in Indian population control discourse. Demography is a science that not only produces ‘demographic’ knowledge but also actually produces what it supposedly maps. ‘Population control’ during the period under study produces a specific type of statistics of population. It is not a general description or even ‘construction of reality’, but the assumption of the specific reality of a norm which is *there already*. The need to generate more population data begins to be prominently advocated by various agencies including the Indian state. The advocacy is consolidated when schemes for the control of population growth are officially introduced in the 1950s. Since then demography emerges as a form of knowledge field producing various kinds of imaginations of national reconstruction and planning exercise. By locating the practice of population control in the type of knowledge produced by demographic investigations, I argue that while the problem of ‘population’ is articulated in terms of figures of high infant and maternal mortality, morbidity, excessive fertility of lower caste and class, and so on, the problematic of both the administrators and demographers converges in the development of specific ways of intervention in and interpretation of the reproductive and sexual life and behaviour of the population. It becomes possible then for us to think of population control in terms of the demographic construction of reproductive life in India.

Again, if we look into the administrative imaginations, I believe that new forms of administration are instituted. It is where the clinic emerges to become more as a

method of power than as an institution. It is through the clinic and its method that the ethics of self control, desire and motivation to control reproductive sexuality is taught in order to reform the behaviour of the population. Clinic produces various strategies of administration and these strategies in return produce the 'clinic' as a method of power also. While the 'clinic approach' as it is called in the official language of family planning is not necessarily an approach fundamental to the institution of the clinic, the significance of the approach is such that it operates even without the actual 'clinic' and in this sense it is much more than a biomedical institution. The clinic in the family planning programme is, in fact, *a method*, an intention of intervention and of conceptualizing problems and possible solutions in particular ways. Its power lies in the figure called 'clinic' which acts as a method of administration, engagement and production of 'clients'. Various technologies of governance including novel institutions and services are carved out, established and built in order to discipline the sexual and reproductive practices of the clients or the *citizens* who are supposed to adopt the expert advice and prescription of the clinic. The clinic in this manner seeks to manage the clients by teaching ethics of self control and regulation in order to reform their behaviour, developing new forms of expertise and administration and lastly promoting new forms of intervention into and interpretation especially of reproductive behaviour with particular knowledge and skills. These together constitute what I would call the 'method of the clinic'.

Along with the clinic, the sterilization camp also came into being. The strategies used by this trope made it more like a model of political intervention. What is interesting to me is the manner in which the camp is conceptualized, conducted and designed. It operates as field of interest of both the administrative authorities and the 'adopters' of sterilization. It is not without significance that the poor, and the uneducated with rural background constitute the majority of the adopters. It is even more interesting if we see how they come and what they actually do at the camp. They come to participate in the sterilization camp in order to get something out of their participation while the administrators of the camp want to utilise the participants' interests with a view to regulate their reproduction. This mutuality is something that defines the peculiarity of the camp and is pertinent to the ways in

which camps are organized, designed and displayed. Primarily in this regard, what is crucial is the manner in which what I would call the politics of the camp comes to emerge. This politics that develops at the camp actually reconstitute the outlook of care and protection. Instead of emphasizing on the strategies of prevention, the shift is now towards nourishing the condition of control in all aspects. This mode of thinking is inscribed prominently in various policies that are integrated into population control strategies in the 1970s. Seen from this perspective, new sites of governance have been directed towards increasing strategies for identification of risky individuals, groups, localities and risky conditions and practices and working towards eliminating those risks.

In Chapter I, some of the most relevant theoretical intervention in the field of governmentality, population and planning are closely reviewed in order to shed light on what is actually coming to be the general theme of the current study. In Chapter II, I will examine how the science of demography along with strong support from the state could develop a specific style with which to explain, interpret and intervene into reproductive behaviour of large number of Indian population. It draws on the manner in which statistics not only in the form of 'data' but of 'objective' knowledge about reproductive sexual life in fact shape the strategies of population control in India. Chapter III will analyse the imagination of administrative authorities and the manner in which these authorities regulate the clients. I will argue in this chapter that the clinic is rather a method of power with which the intention to conceptualize unplanned reproductive sexuality is carefully mapped and conducted. Chapter IV is about how governmentality of population control in India has overwhelmingly produced different 'rationality' of engaging with the population. Primary focus of this chapter will be to examine how the rationality of the sterilisation camp produces the complex relation between administration, statistics and population particularly in early 1970s. Finally in the concluding chapter, I will draw upon the possible theoretical shifts in the study of state, citizenship and governmentality and will highlight few other theoretical openings that my research provides.

## Chapter I

### **Emergence of the Notions of ‘Population’ and ‘Population Control’**

The need to study population control in India in this dissertation by going beyond the traditional and privileged field of demography or ‘population study’ is precisely because population has now increasingly been recognised as a productive area of research in social sciences. Following Foucault and others, most recently Susan Greenhalgh’s study of population politics in China, one may not now ignore this area as the professional field of only demographers, statisticians, or economists. In fact these disciplines have constituted themselves as experts and perhaps more significantly, constituted population as a mechanism of translating their knowledge into the facts of political and institutional forms. Another cue is that ‘population control’ is not a mere programme but a mechanism that produces particular ‘objects’ of administration and specific relations between the experts and their object, or in other words the state and population. The population control programme in India could be analysed by focussing on how it is constitutive of the manner in which demographic statistics, the notion of clients and administration of population control in the form of family planning clinic and sterilisation camp are related to each other.

A related theme of this research is that the expert is not an already present figure but that the expert is produced within a discourse of knowledge production and intervention. Emergence of expert discourse in this manner would also entail the institutionalization of certain practices such as survey, and of certain tools such as demographic statistics. It is in this complex space of power and politics that I would locate population control as a form of governmentality in India.

#### **Michel Foucault and his critics**

In *Security, Territory, Population* (2007), Michel Foucault gives an analysis of how population emerges to be an account of what he calls the modern mechanism of power. Foucault examines ‘population’ as the most fundamental mechanism of

modern government to have emerged in the seventeenth century Europe. Significant part of his understanding of the notion of population is that population is not merely natural; rather it exists as a construct. Crucial to Foucault's project is the way in which population is discussed as 'construct' as well as 'natural'. In fact, there are some reservations when we say, following Foucault, that significance of population as construct emerges in the seventeenth century. The objection to Foucault's idea of 'discovery' of population over three hundred years ago in Europe, mainly arises from the fact that in that specific historical juncture policy discourse strictly in the manner in which we understand it today, did not exist. Mitchell Dean gives an account of this when he suggests that the practice of political economy in eighteenth century in Europe did not entail 'formulation of policies and political action by reference to an explicit economic rationality'. This rationality, as Dean argues, is a typical characteristic of liberal governance while the logic of biopolitics as practiced by the *welfarists* even during the seventeenth century, contrary to what Foucault believes, is not focused, as Dean writes, on the enhancement of the life of 'individuals'. Dean points out that the idea of population as rendered in the practice of political economists of the time is purely a 'political concept' and is meant for the augmentation of the national estate and the resources of the state, rather than for the improvement of life and health, as Foucault believed. Dean further argues that policy on the poor in eighteenth century England is more in connivance with the science of police than with that of economics, contrary to what Foucault believes (Dean 1991: 33).

This critique of Foucault's biopolitical history of modernity of political discourse is elaborated by Bruce Curtis (2002). Curtis' primary concern is to focus on the idea of population which Foucault argues is discovered in 17<sup>th</sup>-18<sup>th</sup> century Europe by giving a critical sighting of it as an 'impossible discovery'. The modern concept of population, Curtis argues, is central to the creation of new orders of knowledge, new objects of intervention, new forms of subjectivity and new state forms (2002: 507). As an object of knowledge, Curtis writes, population is primarily a statistical artefact. However Foucault, according to Curtis, gives an observation that claims to have no need of 'politico-statistical concept'. By doing so, Curtis argues, Foucault mistakenly locates effective emergence of 'demographic concepts' in the

eighteenth century and therefore erroneously suggests that these concepts which rely on the concept of population are 'discovered' by political authorities (2002: 528). Giving examples of the origin of large scale civil registration and census enumerations as more recent phenomena, Curtis argues that population as an artifact is produced by political and administrative project of embodying individualizing and totalizing initiatives that occur only recently in twentieth century in various parts of the world. In order to render population into a concept, Curtis suggests, the term population has to be understood in order to denote the work of sovereign authority with regard to the practices of registration in a much later phase.

These critiques may be misplaced however. Foucault emphasizes the concept of population as that which does not already exist. In seventeenth century Europe particularly, as Foucault explicates, new economic thinking comes to 'conceptualize' the term population very differently from how it was earlier understood. Foucault (2007) tries to focus on how this new thinking begins to distance itself from the earlier notion of population that basically figures in the description of historians, text of chroniclers and travelers merely as a factor of the sovereign's strength. In other words, prior to this new problematic, obedience of the population and rendering of their capacities at the service of the sovereign, as Foucault says, made population figure only 'on the blazon of a sovereign's power' (68). However, the emergence of the new thinking in the forms of economic analysis presented by the mercantilists in the seventeenth century and physiocrats in the eighteenth century leads to the notion of population being used in a different way. Population no longer appears, Foucault argues, only in the emblems of the sovereign's power to show his strength by the command of obedience from the population and utilization of its capacities. It becomes under this new thinking, a productive force to be trained, divided up, distributed, and fixed by disciplinary mechanism. For the mercantilists, Foucault outlines, population is the source of wealth which could be framed within the regulatory system. They understand population as collection of sovereign's subject which can be imposed from above 'what it must do, and where and how it must do it' (70). However, population in the physiocrats' analysis is not a collection of individuals who have right, who



must obey the sovereign's will and are subject to what Foucault calls 'the intermediaries of regulation' such as, laws, edicts etc. To this new thinking of the eighteenth century, population is to become a set of processes to be managed 'at the level and on the basis of what is natural in process' (70). It exists along with a number of factors or variables and this concept is not appropriate to the assumption that population exists as 'primary datum' out there, impregnable to intervention into the process of its occurrence.

Population, according to Foucault, begins to be analysed at the same time as a form of datum that depends on a series of variables. It means, Foucault writes, that population cannot be transparent to the sovereign's action and that relation between the population and sovereign cannot simply be one of obedience or the refusal of obedience (71). Under this thinking, the notion of management of population *at the level of and on the basis of what is natural in process* marks a crucial shift. By acting through analysis, calculation and reflection, the new thinking, according to Foucault, can detect and produce various factors of population. As a consequence, a whole network of rationalization of intervention thus comes to appear. Another feature of this new thinking on population is that intervention into the different individual interests can be made to produce a collective desire as a general interest of the population. This is, as Foucault says, the crucial question on which the government largely depends at that time. The techniques of intervention thus produce a kind of 'nature' or a reality which the sovereign cannot simply act against but only 'with the help of it and with regard to it' (75). It is how, as Foucault says, a whole series of objects becomes visible, amenable and modifiable.

With the knowledge about these objects, population begins to be understood as something that could be formed and constructed. Foucault's notion of population is useful thus, to understand the process by which population is made to become a public-political concept that can explain poverty and economic backwardness in twentieth century India.

## **The study of population in India**

In the mid twentieth century, Indian economists begin to focus on population as a concern to improve the living conditions of the people (for example, in the writings of Indian economist like Wattal 1916; Chand 1939 and 1944; Karve 1936, etc.). The efforts of these economists gradually opened up a completely different field of study that later becomes Indian demography. These economists discuss the question of population from a different position: to improve the conditions of population. Through their writings, they try in various ways to give strength to the efforts of birth control as a measure to control 'overpopulation' in India. In general, they focused on challenges of population overgrowth to the nationalist imaginations of national development and reconstruction as well as the resources and capacity of the colonial state. They see India as overpopulated. The general arguments of these economists rally on a singular point that overpopulation should be controlled in order to improve living condition of the Indian people. In this sense these works can be considered as precursor to the demographic thinking that comes fully into being after the independence in 1947. A significant part of the arguments made by these economists is how the problem of overpopulation is related to the sexual 'misconduct' of the poor. They contend that large families among the poor are the cause of high infant death, deteriorated living conditions and widespread poverty and malnutrition.

The significance of these works however is the manner in which 'population' is understood within the functioning of the 'economy' and in the 'methods' of the economists. Their analysis focuses on the need for adequate population statistics and various measures to improve these statistics. It is statistics, they think, that will help to understand the condition of the population and at the same time, give directions about the means to improve the conditions of the population. Overpopulation is not, therefore, in this sense, an issue of numbers only. Overpopulation understood as an economic problem is linked to socio-economic distribution of population. Sarah Hodges (2004) argues that this body of work establishes 'overpopulation' as the root cause of the problem of poverty, thereby creating an understanding that India's economic problems may be treated as mere

effects of overpopulation. So the question of finding out which social-economic class produces more than others finally holds ground.

Economic discourse on social engineering, vital statistics and behaviour reformation thus lead to linking the understanding of the issue of overpopulation to poverty and illiteracy, malnutrition and sexual ignorance. In some recent scholarship on birth control ideas, its history and politics in India, the works of these economists are understood as a form of 'middle class bias' which are shaped within a discourse of birth control (for example, Ahluwalia, 2008). However this is not the point I am trying to make here. What is significant and perhaps key to understanding these works is the manner in which they propagate the need to know and control the living conditions of people through the improvement of population statistics and what they claim as the scientific formulation of policy as part of the solution to the problem of population. This no doubt hints at the need to strengthen the new 'developmental state' in its project to plan and control its population.

Coming to the context of postcolonial planning activities, the relation of planners' knowledge especially in the form of statistics about the object of planning, that is, the specific population groups, their behaviour and their living conditions may be discussed in light of Partha Chatterjee's study of the politics of planning in India (Chatterjee 1993). Chatterjee examines the machinery and techniques during the initial period of planning activities in independent India. The focus of planning as the rationalization of objectives would need, Chatterjee argues, an ever increasing flow of information which is always lacking. This is crucially related to the assertion of the planners that 'inadequacy of information' may lead to failure of planning. The premise of this assertion, according to Chatterjee, is to constitute two different domains, the planner on the one hand and the objects of planning on the other, 'the latter consisting of both physical resources and human economic agents' (207). By separating planning into two fields - the subject of planning and the object of planning, Chatterjee argues that information serves precisely as the means through which the objects of planning are constituted for the planner to read and act on them. It is through this information that the objects exist and they appear only in the shape of information. While the objects of planning are allowed

to be seen in the way they are as visible to the planners' imagination and consciousness, Chatterjee points out, the question of adequacy of information from the planners side is defined in such a manner in which those objects have to be constituted 'correctly,' that is to say, in his words, 'constituted in the planner's consciousness in the same form as they exist outside it, in themselves' (206). Thus the issue of inadequate information is not whether the planners know what will be the objects of planning which in that case is impossible for the problem of inadequacy to rise. It is, as Chatterjee writes, rather the question of explicit specification of particular things, behavior, practice, zones and areas, activities and realities, to be precise, as 'objects of planning'. It is in this manner by which the modalities of knowledge and implementation become central to the planning exercise. Chatterjee while emphasizing on the planning exercise that produces knowledge of the objects of planning, also highlights another issue which I think is even more significant: even the so-called implementing agencies are the objects of planning. This is precisely because, as Chatterjee points out, 'a plan that does not correctly estimate the capacities of the implementing agencies cannot be a good plan' (208). Planning discourse, according to Chatterjee, thus produces the expert knowledge of the planners.

If we see Chatterjee's arguments about population and political society more particularly in *The Politics of the Governed* (2006) and most recently in *Lineages of Political Society* (2011), we may also note that he situates the politics of expert knowledge mainly in the field of political society. A brief discussion on his notion of political society is of relevance in this regard. Chatterjee argues that planning belongs to a 'domain' which is not always confined to the planners and experts only. Countering the western classical political theory that excludes the notion of population from the normative notion of citizenship, Chatterjee differentiates between the two. Citizens, he writes, 'inhabit the domain of theory' while population lives in 'the domain of policy' (2006: 34). Unlike the concept of citizens, Chatterjee argues, the concept of population appears to be an instrument for the administrative functionaries to reach large section of society as the target of their policies and political mobilization. Chatterjee understands the concept of citizen as normatively produced within the ethical-juridical exercise of a subject

who has rights to claim by participating ‘in the sovereignty of the state’ within the logic of ‘civil society’ (34). However, if one sees the welfare programmes in the way they are imagined and conceptualized and practiced, according to Chatterjee, in the light of what Foucault has suggested, one has to move from the politics of legitimacy to the politics of governmentality. Taking account of the recent developments in governmentality scholarship, Chatterjee observes that a series of censuses, demographic surveys, surveillance and information gathering have worked to constitute individuals and groups of individuals including ‘family’ as sites of governmentality. These efforts, for Chatterjee, are more of administrative policy, a business of experts rather than that of political representation and formal institutional exercise of rights and citizenship, which normally occurs in the domain of civil society (35).

The practice of governmentality has increasingly disturbed the concept of equal citizenship in many of its manifestations. Citizen, Chatterjee argues, is one and indivisible as theorized within the western liberal political discourse but this discourse has been unnervingly destabilized if one examines the character of those who are actually governed, which, according to Chatterjee, has no singular entity, unlike that of citizenship. Governmentality has different groups to intervene into as ‘multiple targets with multiple characteristics requiring multiple techniques of administration’ (36). So there are two sets of what he calls ‘conceptual connections’: one is civil society that is connected to juridical notion of national state while the other is populations connected to ‘governmental agencies pursuing multiple policies of security and welfare’ (37). Chatterjee’s primary concern is to see if there is any domain of politics where the latter connection is lived and practiced. This is the distinctive character of political society. What happens in this society then, as Chatterjee argues, is a negotiation between governmental agencies which have a public obligation to look after the poor and underprivileged and particular population groups who receive attention from those agencies with the logic of calculation of political expediency. So in the political society, people learn and at the same time, force their governors to learn, ‘how they would prefer to be governed’ (78). In the process, Chatterjee suggests, the specific population groups get transformed in the way they are going to relate to the governmental agencies.

That the planners' expertise and the consequent knowledge built on this expertise is also constituted in the core of planning activities is vividly revealed when Chatterjee says that in political society the educators, the experts and the agencies of welfare schemes also educate themselves in order to better relate to the population that is to be educated (51).

This could be seen again by looking at Chatterjee's argument about the Emergency (2011: 64-71). While distancing himself from the general understanding of Emergency as coercive authoritarian power and final defeat of Indira Gandhi as 'righteous battle of justice against tyranny' Chatterjee argues that if we see the mundane details of daily life under Emergency, especially in the cases of sterilization and eviction, there is a different process in operation. This process, Chatterjee argues, is the expansion and deepening of governmentality in India. Emergency for Chatterjee is not an 'exception'; it is exceptional only in the sense that such a process is to be observed within the limits of formal constitutional framework of the functioning of government. In order to understand Emergency beyond what Chatterjee calls 'dharma-inspired' logic one would need to attend to the tradition of the discourse of *niti* or policy. It is within this discourse of *niti* that Emergency could be seen as a process of developing new and more governmental methods and techniques in order to achieve 'administratively more effective and politically less expensive results'. Even though Emergency ended over three decades ago there is increasing consensus that it should never happen again, Chatterjee argues that slum evictions never stop, nor is population control abandoned. This means, according to Chatterjee, that 'only the techniques have changed' (70).

However there are a couple of questions which Chatterjee fails to address in both his major theoretical works on population and political society. What bearing does the change of technique have on the concept of population? Is it possible to see that the citizen subjectivity is also actually 'normatively' constructed inside the very zone of political society? These are some crucial questions which are also relatively discussed in the next three chapters.

We may link the efforts of the Indian economists of the earlier period of the twentieth century to the rise of a demographic, administrative, technical and methodical state in India. What is interesting is that vital statistics (including both population and demographic data) is not a matter of *niti* to be deployed only in the political society but largely, perhaps even primarily, to be used in the formal, institutional functioning of the state and in its large scale official programmes and policies.

I would argue that an understanding of the term ‘population’ in population control can be studied by moving from what Chatterjee understands as ‘effect’ of policy as well as ‘object’ of policy. A larger concern of this research is to understand population control in the context of particular political-administrative language which comes to represent and analyze ‘population’ as a problem. It is not only that population is a problem but also that this problem is discussed, interpreted, and intervened into in a particular manner. Moreover, the nature of the problem transcends its ‘objectivity’ when it is linked to other spheres of political-administrative imagination, for example, the idea of nation, development, economy and society. In fact, the assumption of certain behaviour as particular demographic features embodied in certain groups makes it possible to imagine new methods of governing the behaviour of those groups. For example, married couples are divided into a series of categories as belonging to different social and economic strata, such as urban and rural, educated and illiterate, rich and poor, upper caste/class and lower caste/class including tribe and non tribe, unemployed and employed, groups belonging to different religions and, of course, male and female. All these divisions help to constitute various technologies to exercise bureaucratic-institutional power and are fundamental to mobilizing the values and ideas of certain objectives such as ‘happiness’ and ‘development’. This is the ‘political rationality’ of population control. Following Mitchell Dean’s idea of political rationality (1999: 210) that it is the forms of calculation about any activity in order to realise certain objectives, we may see how the administrators and planners of population control programme in India imagine and interpret the problem of population growth in particular way. The ways in which the administrators and planners seek to conceptualise population are in this sense inseparable from the methods and strategies devised in

order to address the problem. As a result, any policy to control population overgrowth is essentially linked to the notion of target population. The bureaucratic-institutional authority has to have particular relations to its clients while the experts and their knowledge are produced through their relation of the 'field'. It also implies that planning activities are conducted by arranging planning in specific relation to its object that is the 'things' to be planned and the intentions to the consequences. Following is a brief discussion on some of the studies in the field of development in order to see this facet of governmentality.

### **Planning rationality as 'anti-politics'**

In *The Will to Improve* (2007), Tania Murray Li offers an account of the constellation within which planning rationality actually operates. There is, Li argues, always a limit of expert intervention and the manner in which expertise/knowledge is constituted in relation to specific schemes of improvement. While examining 'improvement' programmes in Indonesia, she studies the process of 'rendering technical' – the practices concerned with representing the domain to be governed as an intelligible field in the language of the experts in a manner in which it may be viewed as 'non-political'. This is important for Li as it is this set of practices through which the experts and the planners alike necessarily exclude the 'structure of political economic relations from their diagnosis and prescriptions'. This might be because, as Li observes, they are trained to frame problems solely in technical terms. The claim to expertise, she writes, largely depends on the capacity to diagnose problems in ways 'that match the kinds of solution that fall within their repertoire'. However, as Li points out, questions that experts misrecognise, exclude or attempt to contain 'do not go away' (20).

The point Li makes in this regard is crucial in two ways. One, when experts and planners render contentious issues as technical, what has been done away with through the technical practices of the experts always returns to the field of political struggle and contestation which the experts are least interested to look into. Two, the depoliticisation that the experts establish in their manner of intervention and the models they design to exercise their expertise knowledge and power produce a form of limit to governmentality practices of the planning authority. The latter



point that Li makes is a diversion from the general assumption that the experts have a capacity to absorb critique and rejection from within the expert community as well as the very target of governmentality that is the population. What is significant in Li's argument is the fact that the social and political relations, links and imbrications do not appear easily manageable for the planners to even think that they can easily be reconfigured according to a plan. People's customs, habits, ways of acting and thinking or to be precise, the relations and processes with which government is concerned present intrinsic limits to the capacity of experts to improve things (19-22). It is so because governmental interventions configure ways of thinking and acting not by operating alone, but by working as part of a constellation. What it means, as Li argues in another article is that governmental interventions are 'proximate and indirect, planned and unplanned'. One would need, as Li argues, to situate the practices of experts in a wide range of 'spatial scales' and spectrum, particularly the intersection between particular programmes with their limited, technical field of intervention, and the many other processes that exceed their scope (2007: 280). However, to see that population presents an "intrinsic limit" to the "capacity of experts" in Li's analysis ignore the fact that the nature of the limit itself is the source of the experts' strength. To put in other words, governmentality as a discursive as well as a political domain presents the limits of administrators as the corrective impulse in order to direct efforts towards more intense forms of negotiation and engagement with the population. At the same time, the limit or the challenge offered by the population is both technical as well as political. We would study particularly in Chapter IV how the challenges are technical and in what manner the question of technic or intervention gets transformed into political engagement.

Li's argument is informed by James Ferguson's *Anti-Politics Machine* (1994) which is a work on development discourse and practice in Lesotho. Examining the manner in which the apparatus of planned development in Lesotho actually works, he terms it the 'anti-politics machine'. Ferguson argues that development agencies and the government of Lesotho in their attempt to 'develop' Lesotho, interpret reality that is there in Lesotho to fit their goals. By repositioning political questions of land, resources, wages and properties in terms of technical interventions and

solutions, Ferguson argues, the ‘development’ project effectively squashes political challenge to the system. Anti-politics machine is then a notion that describes how the apparatus of intervention and the meanings of the intervention as given and produced by the bureaucratic machinery suspend the work of development from even the most sensitive political occupation and issues. This suspension is organized through enhancement of bureaucratic power over the people and their problems are defined by the bureaucratic machine by casting the questions of land, resources, jobs or wages as purely ‘technical’ problems. If the effects of a development project end up forming any kind of strategically coherent or intelligible whole, Ferguson further observes, this is possible through the discourse of “antipolitics” that conceives this whole only by convenient corridors such as ‘good development projects’ and nothing else. A significant point that Ferguson raises in his study is that the most important political effects of a planned intervention may occur unconsciously, behind the backs or against the wills of the planners.

What is common to both Li and Ferguson is their concern that development programmes have unintended effects or consequences which are precisely the reason why these programmes most of the time fall through. The importance of attending to the story of failure in the two works lies in the way it is connected to the ‘unintendedness’ from the point of view of the experts and planners. This is one point that Li and Ferguson both drive our attention towards. In the case of the development project in Lesotho intentional plans interact with unacknowledged structures and chance events, resulting in unintended outcomes which turn out to be intelligible, as Ferguson (1994a and 1994b) argues, not only as the unforeseen effects of an intended intervention, but also as the unlikely instruments of an ‘unplotted’ strategy. Ferguson’s argument that development agencies in Lesotho depoliticize what is actually in the field is at the same time an assertion that development apparatus or of course the discourse that speaks about this apparatus enhances the bureaucratic state power over the marginal social groups and areas in Lesotho.

Speaking from the anthropological experience of a field investigation project, 'Enhancing Pro-Poor Governance in West Bengal and Bihar (EPPG)' undertaken in 2000 in eastern India, which resulted in the book, *Seeing the State* (the very title suggesting a conceptual counter-position to Scott's *Seeing like a State*), Corbridge *et al* respond to both Li's and more particularly Ferguson's analysis by invoking a very common question which in fact is also crucially dealt in Ferguson's argument: 'Well, what would you do then?' Academics, they argue, like to brush the question away saying, 'That is not our job' (2005: 273). Ferguson also uses this aversion in his Epilogue where he says: 'The first response to this sort of objection must be that the book never intends or presumes to prescribe, and that this is not what his book is all about' (Ferguson 1994: 279). Corbridge *et al* maintain that a critique of development such as the one Ferguson and others do in fact is 'destructive' to the extent that it does not help in suggesting constructive forms of critique that public policy making demands (2005: 274). They maintain in *Seeing the State*, that the state's expressed concern with 'the body corporeal' always leads to a heightened concern for the production, collection and distribution of data about the target population. The task of creating more information about the population, as they argue, leads to efficient implementation of policies for example 'population control' and other related policies. It also further elaborates, as they argue, the possibilities of empowerment for the poor to participate in the working of the policies. The shift of poverty policies, for example, from being a 'physical object separated from social relation' to bringing the poor individuals and households or social relation to the fold of participation allow them to function 'seriously as active agent of their empowerment' (70). They point out the weakness that comes in the way to theorising the significance of relation of governmentality and formal institutional democratic politics.

Also outlining a theoretical departure from Chatterjee's thesis that civil and political society operate in different paths, Corbridge *et al* argue that there is the 'possibility of political society serving as a medium within which aspects of civil society can grow and gain support' (191). For them, political society is structured by a set of relationships that are governed by patron-client relations on the one hand, and is also responsive to the demands of ordinary people who put pressures

‘on lower level fixers and political operatives’, on the other (213). On the basis of their field project, they observe that what Chatterjee seems to underestimate is the possibility that policies of ‘good governance’ and other welfare programmes could create ‘new spaces for empowerment and citizenship’ within the political society (258). This underestimation could undermine, they argue, the possibility and potentiality of reinforcing political society within the civil society as well as renegotiating with the civil society discourse within the politics of the governed. They ask one important question: ‘where else is civil society made if not in political society?’ (257).

In their attempt to refocus on the good sides of governmentality politics while countering the depoliticisation thesis of *Anti-Politics Machine*, Corbridge and others argue that governmental practices slowly and unevenly are instrumental in providing poorer people ‘with a greater sense of self worth, dignity and more rarely a degree of power over those who would govern them’. Development agencies act like a learning community that helps ‘to weave together the complex and contested tapestry of state–poor encounters’ (264).

In a similar vein, Glynn Williams (2004) also argues that participation of population in the conduct of welfare development programmes or any schemes of improvement provides a range of opportunities through which state power can be actively called to account while political struggles and political networks are also developed for the population to link themselves to a discourse of rights and a ‘fuller’ sense of citizenship opened up by the programme and the participation. Williams’ position on the way technical and expert agencies have been largely transformed into participants of a space created to engage with the population’s participation triggers an important critique of ‘depoliticisation thesis’. To portray the agencies as an intentional project capable of being controlled by a narrow set of ‘interest groups’, Williams argues, is misleading for participatory development has ‘no predetermined outcomes, and the space for unintended consequences-both positive and negative-is always present within it’. Critique of depoliticisation thesis is in this sense an important intervention in the question of how to place, in

the words of Williams, people's ability for 'feigned compliance and tactical (and self-interested) engagement'(565).

### **Planning and intentionality**

The point of my discussion of the debate particularly on the issues of 'unintendedness' and 'depoliticisation' is not however to bring out the difference of approaches to the outcomes of planning and its rationality. The notion of 'unintended consequence' however is not so much a failure of an intended objective as it is a construct of those who see planning intervention in a particular mode of analysis. The idea of 'unintendedness' as an outcome of planning actually fails to attend to the fact that the very outcome in the form of unintended consequence and for that matter 'depoliticisation' is also a space for power to operate. Unintended or intended, the outcome is in this sense not incidental to what is desirable, but coincidental with the questions of how to do and how to plan. In fact, what is planning if not the mapping of the unintended? Population control discourse in mid twentieth century India can be seen as strategies and imagination of engineering of what is desirable and what is not. However the undesirability is not a question of negative outcome to be attributed to the discourse that mobilizes the desirability. These questions are closely related to the series of efforts for national planning, development and modernisation.

Population is in this sense not merely an object of administration. It is visualized in the rhetoric of data ambition, control and welfare techniques. The techniques to view it as the foundation of social engineering produce a kind of politics that is tied to what may be called 'engineering modernity'. This politics shaped and produced a grand technique of 'seeing'. It produced a body of statistics as reliable and tested facts, providing 'information' about the population. To put in other words, what seems to be undesirable for the new nation has opened new fields of planning and intervention. In planning, there is no clear distinction between what is desirable and what is not as the two are functions of one another. For example, large scale production of population data, particularly demographic information undertaken by various agencies, are used in two ways: one, existence of family planning as a norm of happy family, exercised by lots of couples especially in the higher income

strata; and two, intensive campaigns to construct and popularize this norm by displacing ‘erroneous’ reproductive sexual beliefs and knowledge of people who do not know family planning methods.

It is in this sense that even as the method of the clinic method failed to bring down the fertility rate as desired, it transformed into a bigger, even more productive mobile form of intervention as the sterilization camp. While the camp was considered as educational means in the official interpretation, it however entered into a new ‘welfarist’ outlook. It is in this particular outlook of the administrators and planners that the sterilization camp was thought as the most successful strategy of population control for some time in the early 1970s. Though less expensive compared to that of regular intervention under normal conditions such as contraception and sterilization at the clinics, the sterilization camp was in most of the cases violent and it was an important reason for many officials to play down its purpose. And yet they continued to employ the techniques deployed by the camp — incentive and participation — even after it was abandoned. Techniques do not change in this case, as Chatterjee would argue. It is however the manner of putting them into service that is changed. Here we may note that along with these changes the conceptualization of ‘population’ also changes.

### **Information and the politics of population control**

In order to promote health and welfare of the population, a primary strategy of various institutions and authorities is to collect more information about the health and living conditions of the population. David Armstrong in *Political Anatomy of the Body* (1983) meticulously examines this aspect by studying how ‘population survey’ emerges to be a principal technology of medical practice and surveillance in early twentieth century England. The survey technique was later widely used in the operation of an institution called the ‘dispensary’ since then. As Armstrong says, knowledge of public opinion with many other surveys of the population could generate nutritional status of the population as a field in which medical control had to be exercised. The practice of surveillance through surveys, particularly when deployed on a large scale for enhancing the effectiveness of dispensary constituted what Armstrong calls ‘normal population’. Armstrong

argues that the emergence of normal population as a concept to analyze health status of the entire population resulted in a displacement of the divide between the normal and abnormal population with a new focus on the gaps between the normal (well and healthy) and abnormal (ill and diseased). With the coming of new interest in identifying relativity of health status of various populations, the survey became increasingly concerned with the objectification of personal experience through its constant measurement and analysis.

The dispensary functioned in this context as an apparatus of surveillance. In the ceaseless monitoring of the community, Armstrong argues, the dispensary represented a form of survey resulting in the fusing of particular techniques of surveillance that had been developed in survey methodology with systems of disciplinary power that was embodied in the dispensary (43). The survey as a mechanism for 'measuring' reality, when deployed by the institution of the dispensary, was transformed into a technology for the creation of reality. As a consequence, through the tactics of the survey disciplinary power of the dispensary could become more effective and efficient (43). The survey provided a technological instrument of surveillance by enabling the dispensary 'perspective' to increase its surveillance through which the bodies of both sick and well could be caught up in a web of observation. The survey therefore constituted an apparatus for distributing the effects of a disciplinary gaze through society; a device for individualising through measuring the difference between peoples; a means of constructing healthy bodies through its analysis of the normal. The dispensary when it works with the principle of survey fully realizes the objective of its establishment: production of the normal (52). These techniques frame the problem of paediatrics, psychiatry and most importantly geriatrics which, Armstrong argues, is born directly of a series of surveys conducted in the middle of the twentieth century.

David Horn (1994) gives an account of inter war Italian population politics. In order to counter the practice of abortion and what he saw as urban women's obsession with 'physical appearance', Mussolini's regime launched widespread campaign in magazines and journals for aesthetic appeal and good health of

pregnant women in Italy. This was only a part, as Horn argues, of a range of financial incentives and other measures of welfare practices of liberalism, and social defence in order to control and regulate procreative tactics and physical bodies of men by subordinating them to the needs of collectivity, 'to the technologies operating at the levels of city and home' (65). Horn's study is basically a history of the rise of the social in Italian modernity. What appears to us today as natural or taken for granted, Horn suggests, has a history. In this light, reproduction to be an object of social scientific knowledge, social-technical and biomedical intervention and political debates has to be seen in relation to the ways in which the body of the individual or the social bodies had been gradually created as part of a particular type of the social as envisaged, invested and engaged by social-scientific narrative of an Italian modernity. The idea that reproduction can be planned and managed, Horn argues, is the result 'of a modern, social-scientific construction of social bodies as objects knowledge and government' (127). It is through the establishment of the logic of the social that the experts seek to reconstitute boundaries between private and public, the male and female and natural and artificial. For example, the social scientific discourse successfully affirms within the discourse of this modernity that maternity is a part of woman and nature while at the same time, as Horn argues, this affirmation subverts the naturalness by removing it from the domain of the natural and bringing it into the domain of science and management. The social therefore enables social scientific construction of reproduction in interwar Italy to normalize a whole set of assumptions about bodies, populations and spaces of technological intervention.

Similarly, in the case of demographic politics in postwar France, Andrés Horacio Reggiani (1996) gives a close account of a particular force which actually mobilized forms of welfare practice, techniques of intervention in health and family and most significantly the relation between the state and society in post-war France. This force, Reggiani says, is no other than the pronatalist discourse that develops actively as other political ideas, practice and imagination did in post war France. Reggiani argues that French demography needs to be located in the context of the social practice of demographic measures that a small group of population experts within state agencies deploy. This social practice, Reggiani argues, results



in two consequences: on the one hand, by establishing the bases of postwar demographic science, it has almost monopolized the manufacture of population data; on the other, this access to 'scientific knowledge' has given the advocates of pronatalism an influential place in national policymaking (753). A series of institutions that were created during the period from 1939 to 1945 in France thus fulfilled a crucial role in framing and monitoring various groups within the boundaries of a 'demographic obsession' (754).

The question of production of new subjectivities under the rationality of population control has been discussed in many other works as well. For example, Susan Greenhalgh (2008) has extended this question by offering a way to understand how policy is made to work in the way it does. By relating actors, institutions and discourse, Greenhalgh argues how the one-child policy in China can be seen as a product of a range of particular governmental rationalities. Greenhalgh points out that particular scientific procedures that reflect 'particular political assumptions, a specific theory of population-economy relations, specific political set up specific international comparisons and specific relationships that were assumed, not measured' largely come to shape an official and 'scientific' narrative of the one child policy in China. The procedures and choices behind such formulation and narratives, as Greenhalgh explains, are veiled by the language of facts and science. This narrative articulates a pedagogic authority by teaching the people that population is about 'aggregates, not individuals, of the abstract numbers'. The discourse of this scientific-ideological pedagogy, according to Greenhalgh, seeks to portray that reproductive desires of individuals and families are to be subject to the rational calculation of the state (120). It has also produced many who are marginalised from the planned society, and others pushed away and removed from the rationality of calculation. At the same time, as Greenhalgh suggests, it is this population who present serious theoretical issues for the very foundation of the ideological construct of planning and modernity.

In an earlier article (2003) Greenhalgh discusses how population control discourse has created 'new classifications of social life, new types of personhood, and new forms of social and political exclusion' (210). Greenhalgh argues that birth

planning project in China though designed to create a ‘modern, planned population’, has produced not only a large group of what she calls planned persons but also a huge ‘outcast group’ of distinctly ‘unmodern, unplanned persons’. Focusing on China’s ‘unplanned persons’ who live in a theoretically otherwise ‘planned society’, Greenhalgh proposes to look into the ironic origins of these persons which could be traced back to the official lexicon, practice and ideas of planning and registration. These governmental practices identify this category of population as ‘unregistered population’. It is within this governmental discourse of registration and planning that, Greenhalgh says, state birth planning in China has constituted various binary assumptions which in fact produce various subjectivities which include modern-traditional, advanced-backward, and so on. Greenhalgh suggests that at the heart of China’s modernisation lie the twin processes of social categorization and social normalization (199). States and other modernizing agents create a modernist discourse by establishing norms which are socially desirable and modern. These agents of modernisation in China, as Greenhalgh highlights, introduce a series of bureaucratic plans, practices, and programs in order to structure and shape a planned society that conforms to the imagined norms. However, the bureaucratic actualization inadvertently creates some persons, places, activities, labeled as undesirable, ‘black’ and ‘outcast’. The bureaucratic calculation of planning and control which is in fact the result of expedient advantage has denied a large chunk of population the normative label and benefits of being citizens, of being a desirable member of a planned modern society in China. The awkward position these population lives through and the irony of their being in an planned society, Greenhalgh suggests, however offer us another way to look at how marginal members of society ‘who lack full citizenship rights, including access to schooling, jobs, housing’ have to seen and understood within the biopolitics of population control (199).

In the case of Tanzania, L. A. Richey (2004) argues that the population control programme constructs Tanzanian female bodies as variously ‘traditional’ and ‘modern’. A population control technology is, according to Richey, more than simply a means for preventing conception. It involves construction of bodies and reproduces power relations between the authorities and the bodies of the female

clients (57). This description of how non-modern women embody their backwardness manifested in their 'breasts like socks' holds an implicit comparison to a universal modern ideal woman who would never have so many children and who of course would care not to have the ugly and unattractive body of a body that has reproduced too much. Richey argues that the languages, artifacts and practices of 'family planning', act as an apparatus in creating the 'problem' of population and in structuring the parameters of acceptable solutions. Through the construction of modern female bodies the family planning apparatus in Tanzania hinges, Richey argues, on limiting population growth. The construction, however, limits the spectrum of female reproductive choices in Tanzania. Rather than seeing Richey's argument as a critique of family planning programme in Tanzania one needs to see how family planning is not merely a tool of modernisation but one that has evolved as a discourse of conducting a modern self and body in Tanzania.

Examining Egyptian population control, Kamran Asdar Ali (2002) argues that family planning programs do not just reduce the number of children and regulate reproduction. Family planning which is otherwise official population control in Egypt, introduces notions of individual choice and responsibility, risk aversion, and personal independence. According to Ali, the ideas of regulation and actual practice of these ideas produce a new kind of individuality guided by a particular notion of legality and of citizenship. Family planning programme in Egypt not only seeks to persuade women to join the programme but also entails, Ali argues, 'the production of desires that help women make the choice of contraception individually for themselves and, by extension, the good of the nation' (371). In this manner, Egyptian women are introduced to new sets of ideas and values about home, parenting, motherhood, consequently imparting to them the notion of the self-regulating individual. This is what Ali thinks as the paramount character of the disciplinary techniques of family planning. Ali's argument, in short, suggests a way to see how management of populations leads to production of desire and consent, 'an individualized sensibility that will diligently follow the advice of a benevolent state' (388).

In the case of India, Emma Tarlo (1995) however takes a different turn when she studies how the poor generally engage with the coercive state that launches massive, often coercive, sterilization programme especially during the Emergency in India. Even under the hard coercive regime of the Emergency, Tarlo argues, the poor transform their victimhood to be the source of their strength. Tarlo gives a methodological insight by moving from looking at those who are seen as victims to reconstructing them as survivors who participate in their own predicament, if not resistors. When the housing policies under Delhi Development Authority (DDA) and population control strategies of the Ministry of Health functioned 'in unison, trapping their victims at the vulnerable point of intersection', there is a choice for the 'victims' to engage (2921). The only official way for these people to remain in the place where they have been living is to undergo sterilisation at one of the DDA run family planning camps. It is essentially, as Tarlo said, 'a choice between sterilisation or homelessness' (2922). This is a 'common survival strategy' which often involves transfer of victimhood onto friends, neighbours and total strangers in the effort to save oneself. One interesting thing that these victims do is to develop an entrepreneurial skill. The number of those who use this skill is quite few though. One such category of people, for example, as Tarlo discusses, is the *jhuggi* dwellers. They obtain housing plots through self-sterilisation and later sell the plots and return to settle in *jhuggis* (slums), 'knowing that the DDA would demolish their *jhuggis* a second time, so enabling them to obtain another plot in a different colony' (2926).

According to Tarlo, the real life significance of their participation, the ways in which they cope with, and to some extent, circumvent the choice that they make when they are actually trapped by coercive governmental policies has to be underscored. The agency born out of the debris of victimhood never fails to achieve its reasons. The retrieval of the lost is to be regained through reversal, if not resistance, one might say. The drive has some specificities of calculation. It moves along with expediency, forcing those living these squalid lives to accept what the intervention signifies: development through planning, planning through creative imagination. And yet, one has to begin to find how the state negotiates with those who put on the formal attire of citizenship but with a different logic in a

different style. Though we have reservations in understanding their participation as an act of civic articulation of a political action, it might be well to say that they participate in the civic programme for the country, the welfare scheme for the nation, the official policy of family planning and the government's intervention into citizens' life and sexuality.

A particular theme that is constantly invoked in the above discussion is that governmental intervention involves a process in which inabilities are transformed into abilities. At the same time new forms of inabilities are also produced. The process in fact produces particular social-scientific discourses and the problems are resolved within the discourses. Even where it fails, which often happens, there are always new technologies of knowledge production and intervention in order to reorient the entire gamut of planning and intervention.

What is central to the general argument of this study is that population control in India has to be seen as a form of practice of a particular notion of control and regulation. This would refer to a key aspect of control and planning that is to know the unknown, to make it legible, purposeful and productive. Governmentality of population control, in this sense, involves framing of new strengths, networks, concepts and language in order for the administrators to speak about the population in a particular manner which allows them to do things and think in specific styles. The focus is on how to know things, which is not less significant than thinking through what is known. Thus leaving behind what is not useful, in order to move to new boundaries of particularity within which everything has to be seen, done, thought and spoken, population planning does not cease to incorporate within its ambit what else can be done or achieved.

Population control therefore needs more categories of information, objects of interest, new meanings of failure and new hopes to be invented. It is only with this optimism that the rationality of governing the Indian population can be a meaningful enterprise. All development rhetoric and schemes, including population control, are characterized by discourse of knowledge, institution and expertise. At the same time, these discourses are practiced only in the field of power where governor-governed are constantly constituted and reconstituted. In

other words, the will to govern, as Rose and Miller argue, overcomes failures by inventing new strategies of government (2008: 200-212). In fact, to govern is not to stop when it fails. The point however is that 'failure' especially in the case of population control is never a failure; it is in itself a method of transcending and overcoming the technical and administrative limits and this precisely is a moment where demographics, the notion of population and administrative politics come into a complex relationship.

## Chapter II

### Politics of a Science Called “Demography”

How did demographic practice define family planning discourse in India? How do we understand population control in relation to scientific construction of reproductive life? This chapter attempts to examine the ways in which demographic investigations established a discourse of knowing and controlling reproductive sexuality of the Indian population in the first two decades of the official introduction of Indian family planning programme. My intention is to see how, on the basis of this demographic objectification, population control discourse and practice came to take the form of family planning programme.

The purpose here is to *re-engage* with the much studied subjects of population control and policy by focussing on the scientific discourse of ‘demography’, a science that significantly helped in conceptualising the population problem as a serious object of postcolonial governance in India. In other words, this chapter seeks to see the ways in which the demographic discourse of control and management of reproductive sexuality circulated in population control practices in India, in the beginning of the second half of the twentieth century. In order to unpack the relation between administrative strategies of population control and the scientific discourse that mobilised the notion of population control, we will examine two moves. First, the organization of facts about reproductive life within the discourse of demography. Second, the mobilization of the governmentality of family planning, articulated as a norm in both demographic and state practices. Why I am interested in studying demographic practices is because the official population control policies in India constructed certain demographic ‘realities’ of reproductive behaviour. These realities are in many significant ways linked to the constitution of ‘population’ as a thinkable, imaginable, calculable and manageable category in administrative discourse and practices.

### **Shifting demography, shifting practice**

Demographic science as a discipline performs a critical role in population control and it provokes a specific ordering of the 'reproductive' field by producing a large body of demographic data and knowledge. The practice of ordering however does not generally simply *describe* the reality. It assumes the specific reality of a norm which is already present. In other words, demography does not only produce 'demographic' knowledge but also actually creates what it supposedly maps. But the importance given to demographic surveys and data in the official family planning programme assumes the opposite, that through professional rigour based on positivism and objectivity, demography can capture and represent what is *out there* in the field. Unlike Riley and McCarthy's argument (2003), about the theoretical limitations of demographic methods in engaging with critical issues raised in other fields of study such as feminism, my purpose here is not to offer a critique of what demographers do within the framework of their idea of scientism and scientific methods.

What I have sought to analyse rather, is the discursive effects of demographic practices. By focussing on the demographic exercise of field investigations and surveys, I argue that the demographers' method and discourse initiate various administrative possibilities of population control programme. While the importance of demographic facts is undoubtedly central to conceptualising the strategies of intervention, there is also another function of the truth claims of the demographers. These claims generated through a series of surveys conducted during the period 1950s to 1970s have to a great extent worked out to influence the welfare outlook and politics in India. In other words, the efforts to know the reproductive behaviour of the people also actively intervenes in the politics of fertility regulation. The political linkages that emerged between demography as a *science* and population control as an *administrative mode of regulation* also hint at a specific history, one in which demography's field of study gradually evolved to be a policy-relevant field where it is conducted as a scientific exercise.

As Susan Greenhalgh observed, ever since the time of Malthus demography was closely related to political movements, and this was one strong reason why



demography's journey to be a fully scientific field of study was delayed, even disabling it to be home in the University system. Those in the field of demography tried to set the scientific nature of the study by separating it from its being imputed to activism of birth control, eugenics, and immigration restriction in America. In other words, as Greenhalgh put it, "demography has had to construct itself as a science and to discipline, professionalize, and institutionalize itself in ways that stressed its identity as an intellectual rather than applied endeavour" (Greenhalgh 1996:31). The practice of demographers started to draw on a highly quantitative and mathematical field as their intellectual activity, keeping a distance from connection to policy. However, by the end of the second world war and increasing American intervention in international politics, the discipline and its intellectual 'products' had again become the locus of mobilisation in order to form a powerful instrument of international population control discourse.

The gradual development of demography as a discipline as well as a profession depended on the access to the funds for its work, and more particularly the markets for its data products (Finkle and McIntosh 1994; Warwick 1994). The funding network was perhaps the greatest source not only of forging new alliances between the discipline of demography and state intervention in population control activities but also of shaping the manner of intervention as well as particular types of knowledge that needed to be produced. As Warwick (1994) has rightly outlined, most of the research institutions working in the field of population studies to a significant extent control the topics of research. This might at times lead to some forms of conflict between the academic interest of the professionals and policy interest of the institutions which is mainly informed by funding sources. In case of any seeming conflict, authorities at the institutions may set limits, as it happens not quite infrequently, through review of contracts, 'freezing their chances of promotion, reproving them about the offending publication, or by a chilly silence about the controversial work' (182). Rather than the investigator's own choice there are other pressing influences on the choice of topic which originate from the concern of funds, institutional policy and priorities, and network of facilities that would support the kind of work to be done. Funding agencies, in this manner constantly push forward the areas, data and methods are to be used and engaged

with rigorously. This is especially true in the case of the concern to apply and conduct research in economically weaker societies where the efforts of population control are generally considered to be particularly important.

The predominance of demographic studies at Princeton University, where two leading theorists of Transition, Frank W. Notestein and Kingsley Davis worked together, could shape the field of demography in a crucial manner in other parts of the world, especially Asian and African countries. In the early 1950s, Notestein and Davis had advocated intensive population control activities through active government intervention in these countries. Both of them were actively involved in reinvigorating what was generally known in Demography as 'Transition Theory'. Before they moved to 'official sponsored programmes of population control', Notestein and Davis emphasized the importance of structural changes in the field of economic development and general rise of standard of living, as long-term projects in order to promote and engender the new social and cultural institutions, which they believed could transform fertility rate of a society. Transition theory precisely marked the importance of economic and social changes for the rate of population growth. And this was, in fact, as they concluded in their work, what happened in both Europe and America. The classical form of demography as oriented in Transition theory therefore measured the rate of growth in relation to the degree of changes in the attitude and behaviour of the people. The changes would therefore be derived from the level of education, income and opportunities of life and standard of living. According to the original version of transition theory, which Notestein and Davis were closely associated with, a 'quick fix' approach to the problem of overpopulation without first having a society brought to "modernisation" would not succeed in addressing the problem of overpopulation. Modernisation was thought to be the kingpin of transformation of traditional ways of thought, life and behaviour which were in most extensive manner related to the rate of growth of population. However, those who advocated Transition theory changed their professional attitude on the question of how to bring about a desirable level of population growth in Asian and African countries. Notestein and Davis, as Hodgson has shown, start advocating government-sponsored policies of family planning as an urgent priority for pre-transitional

countries. As Notestein (1982: 683) observed, demography was essentially an applied discipline. But the applied science status of demography entailed one effect: the responsibility of the demographer to bring his knowledge to the field and his knowledge of the field back to his professional responsibility - were two parts of the same process.

The recent shift to official population control programmes as a means of experiencing 'modernisation' took another turn in 1951, when Davis reintroduced Transition theory in yet another version in his much acclaimed book, *The Population of Indian and Pakistan*. Davis argued that in order to understand the population situation in these two countries one needed to focus "not only on the number of people and its relation to current and potential resources, but also the characteristics of the population and their relations to the society and economy of the region". The major focus of Davis' argument closely followed the traces of social and economic factors responsible for past, present and future population in the two countries, especially India. So he studied 'life tables' of various periods especially generated from the data produced by the colonial state as well as the other investigations available during the time. These life tables were related to the nature of social organisation particularly caste order, its classification, representation. The link between population and economy and society was discussed in light of the debates on birth control among economists and activists of the first half twentieth century in India. Davis joined Notestein when his study of population in India and Pakistan sought possible ways of giving an advice to the policy makers of the two countries on the question of overpopulation.

This is where an interesting turn in the discourse of Transition takes place. Davis who claimed in the beginning of the book that his study was a contribution to the 'sociology and economics, as well as to the demography, of India and Pakistan' (3), had actually towards the end transformed the study into a piece of advice to the government as well as the professionals of the two countries: 'if the benefits of civilisation are to come increasingly to the people of this region, the birth rate must be brought down' (231). On the same page, Davis cut short not the argument but the way to argue, to say that 'the two countries must necessarily incorporate

planned parenthood as an essential element in any programme that actually raises the standard of living to the maximum possible and gives them the greatest national strength'. This was the reverse of what he initially believed in his career on 'Transition'. The most significant of all the traces of the shift was his anxiety that probably due to many reasons the governments of the two countries might not do so but as he said, 'this does not detract from its advisability'(231). The shift as we have seen in both Notestein and Davis was significant in three ways. Firstly, population control was now made to be a part of modernisation process. Secondly, the modernisation process had to be moulded through the assistance and advice of the experts. Finally, the shift was possible and the possibility was desirable for it was the Princeton demography that was the priority of the funding agencies. The theoretical move that took place in one of the bastions of American demography was later absorbed to a great extent into the nature of demographic research in developing countries including in India. Thus the funding network became a predominant force shaping the classification, selection and organisation of the demographers' intellectual products and efforts. In subsequent stages of its development, demography primarily took to studies for population policy formulation and emerged as a policy-relevant field. The work of demographers was put to the use of national governments of developing countries.

Apart from the voluminous production of data from their own field of studies, demographers also got access to government data in order to analyse the demographic realities of the client governments. And in most cases, while the earlier works in demography mainly relied on the data provided by the state, the new focus was on producing its own body of data with new methods of collection and investigation gradually replacing the original data base. This focus allowed demography to be best practiced as 'policy' science. To this endeavour demography in question includes the studies in family planning in many countries, especially the 'developing societies'. From that point onwards, there was a growing concern to apply demography's own body of information to population control in the form of fertility reduction and it had profound effects on understanding fertility and devising policy for population control in many parts of the world. Demography in this context does not remain as a purely theoretical

exercise as it was decade ago, especially in the first half of twentieth century. It had now turned toward the control of reproduction. The study of family planning in this sense has therefore been largely shaped in the connection between the various methodological innovations, the major concern being offering suggestions for effective formulation and implementation of programme, and assistance from the state in order to strengthen this demography and its products. So, the emerging form of demographic practices exists in the chain of professional research as well as at the institutional authority that collects data for the experts and planners to interpret and find ways to improve the data itself. As Albert Hermalin and Barbara Entwisle (1980: 3-6) rightly point out, family planning programmes like all large scale social interventions, have mainly relied on data collected at various level. The programme, they highlight, have mainly relied on two particular sources of data: surveys of couples in the reproductive age and service statistics on the one hand and data collected from programme clients. It is through the former source that most of family programmes initially begin to calculate and evaluate the programme input and its effect, or to put otherwise, the effectiveness of programme-implementation, for example, at the level of increase in the number of contraceptive use and rate of couples protected through contraception. At the same time, the statistical system which regularly collects data for specific or general purposes helps those in professional authority who decide what to do in the matters concerning reproductive control.

Demography's work to be able to achieve operational objectives of family planning thus come to be closely related to both medical and public health facilities and recording and monitoring of family planning clients. Demography's own body of data is also generated when this science is reconstituted in the field in which it works, that is, family planning. Surveys and studies in different avenues of this 'field' are carried out in a wide range. Since the family planning programme has been made to be official in many developing countries demography's own knowledge constituted within its science-policy complex has only been didactic. Subsequent development of demography both as an exercise in professional expertise and policy booster has to be seen in this changing display of new connections and discretions. This aspect of demography and the manner in which it

is created is even more subtly exhibited when family planning has been organised with new agencies, methods and contexts. All these occur to finally produce the relevance of surveys and the significance of data generated by surveys. This precisely is the manner in which what came to be known as 'KAP' demography is made to work.

In this new trend, the control of reproductive performance had come to dominate the field's agenda of research, revealing some of the most significant changes in demographic studies and the ways which determined the professional demographers' use of the findings of their studies. There was a change of concern from theoretical abstraction to investing at a more practical level in order to engineer a desirable level of fertility of a nation. This was in fact a move to the utilitarian considerations of the individual as the dominant subject of demographic studies (Hodgson 1983). In this moment of rearrangement of objects of demographic studies, KAP [Knowledge, Attitude and Practice, as it came to be known] studies emerged as a principal feature in demographic research in the middle of the twentieth century, in many parts of the developing world. A remarkable feature seen in the widespread application of KAP demography was its focus on the individual in much the way in which the notion of 'economic man' was central to classical economists' analysis of economic activities (Davis 1956; Stolnitz 1955).

So, in India, this new understanding of the question of fertility and mortality came to emphasise the development of research programs with a view to gathering information on reproductive performances of various groups understood in terms of sets of differences – rich/poor, rural/urban, educated/uneducated, religious communities, and castes. The new trend in demography's changing theoretical and practical concern did forge a dialectical relation between demography and policy discourse. This was precisely the most significant intellectual shift in the mainstream work in demography.

In this context, one of the concerns of population control practice in India was the attempt to find ways to best relate sexual life of diverse groups of population to the official family planning programme. For example, investigations tried to

understand what kept specific groups from adopting and practising the values of family planning (Singh 1958; Chandrasekhar 1959; Som and Sengupta 1960; Anand 1964; Mohanty 1968; Dandekar 1971; Sinha n.d.). KAP surveys were extremely helpful in this new turn in the practice of knowledge production. It was through these investigations that many demographers could see good reason to be optimistic about the potential of the family planning programme as population control.

### **Normative practices**

Gathering knowledge about the living conditions of populations and evolving strategies to intervene had come to be a principal concern of planning and development of the colonial state in India during its late stage. Collection and provision of more complete and accurate data on population was necessary in order for the colonial state to improve the conditions of public health, famine and diseases. Statistics of this kind increasingly began to shape its efforts to know the living conditions of the people (for example, *Report of Famine Inquiry Commission* 1945; *Report of Health Survey and Development Committee* 1946 and *Report of Royal Commission on Labour in India* 1931).

Let me give, in this regard, an account of how in the mid twentieth century, Indian economists began to focus on population data in terms of a concern to improve the living conditions of the Indian population (for example, Wattal 1916; Chand 1939 and 1944, etc). The efforts of these economists opened up a completely different field of study that later became Indian demography. These economists discussed the question of population in order to improve the conditions of population. This 'economics of population', as I would call it, highlighted the dangers of overpopulation to the nationalist imagination and its challenges to the resources and capacity of the colonial state. The most significant contribution of this economics to understanding the issue of overpopulation in India was to know and document the sexual 'misconduct' of a large number of people most particularly of the poor, which according to them, was the cause of high infant death, deteriorated living conditions and widespread malnutrition. Their analysis of overpopulation was in this sense an analysis of how to solve the problem of overpopulation

through statistics, through a scientific-empirical analysis of the relation of sexuality and the problems of population. They strongly argued for various measures to improve availability of population statistics. Overpopulation was not, therefore, for them, an issue of numbers only. Overpopulation understood as an economic problem was linked to socio-economic distribution of the population. So the question of finding out which social-economic classes produce more than others, they believed, would finally offer the solution to the issue of overpopulation in India.

In some recent scholarship on birth control ideas, its history and politics in India, the works of these economists are understood as a form of 'middle class' bias which was shaped within the global discourse of birth control (for example, Ahluwalia 2008). However it is important to recognize that the work of these early economists cannot be simply understood in terms of a 'bias' that can implicitly then, be corrected. Rather, their propagation of comprehensive population data particularly 'vital statistics' (as it was commonly termed), and their claim for the scientific formulation of policy as part of a solution to the 'problem of population' hinted at what was to become the administrative foundation of the new 'developmental state' in India in its project of development planning and policies.

This authoritative sense inscribed in the systematic and 'scientific' collection of population data and knowledge was cast as scientific, objective and 'modern' and became an 'instrument of political power', as understood by Theodore M. Porter (1991: 246 and also in Porter 1995). As a result, a series of statistical abstractions, through various micro-practices of information collection, became practically essential for the demographic project of the newly independent state. The discourse that allowed the modern state in India to organize life within the rationality of counting and numbers, also determined the form of intervention in the 'social', and the character of its facts. Statistics as 'modern form of power', in the sense Ian Hacking understands it (1991: 181-82), took an interesting form in the whole project of modernisation in India's postcolonial imaginations. One such area was that of population control.



Very soon after India became independent, the government had started turning to various ways of bringing about national reconstruction and development, undergirded by a discourse of population control. The authoritative sense in the use of numbers and social data, came to shelter this discourse. There was growing attention towards reproductive sexual life in India's postcolonial experience of planning and development. Demography thus came to play a critical role in constituting 'modern' citizenship, in the form of responsible parenting and conduct of conjugal sexuality in India. And along with this, demography was the legitimating discourse for many champions of social engineering and welfare in India.

The science of demography and the investigations carried out in order to understand the reproductive sexuality and life of the people were pivotal to administering population control under the rubric of the family planning programme. Demography, although nascent as a separate discipline as well as a profession in India at that time, played in this context a significant role in building family planning as a serious field of engagement with the reproductive life of the people.<sup>1</sup> Efforts of knowing, investigating, reforming and intervening in reproductive life characterised population control discourse in India.

As a result, activities of official family planning emerged to emphasise particularly three aspects. Administrative performance of the programme was to be consistently monitored and evaluated, the purpose being identification of any lack or constraint in the achievement of family planning objectives. The second concern was evaluation of the knowledge, attitudes and practice of family planning in different population groups, while the third was to actively bring into the focus of both measurement and mobilisation, the decline in fertility in various population groups. What was central to the issue of making family planning more amenable to the needs of the nation was the necessity of devising scientific technical methods of programme implementation. This led to a focus on the studies of knowledge,

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<sup>1</sup> There were however many Indian economists for example, P.K Wattal, Gyan Chand and D.G Karvey, etc, who worked on the field of demography during 1920s and 1930s. They were actually predecessors of demographic awareness when it came to the question of engaging with the issue of overpopulation in India.

attitude and practices of diverse groups of people, with regard to family planning. As the need to collect more information was prioritised, 'KAP' demography, which studied peoples' Knowledge, Attitude and Practice, emerged as an important field.

In order for the notion of population control to be seen also as a work of demography, we might look into how a particular form of demography became a dominant mode of family planning and population studies in India.<sup>2</sup> Demographic investigations produced a body of data which was shown as 'facts' about reproductive life of Indian population. These facts, however, were not simply the truths of reproductive practice. They also served to construct the 'family planning norm' as the only scientific means to population control. In other words, the archive of information not only established the 'representability' and intelligibility of the reproductive sexual practices of conjugal couples, it went further and *organised* particularities of reproductive sexual practices of huge numbers of married couples in such a way as to constitute some sets of practices as the norm of family planning.

The question of validity of the data produced by methods used in investigations was one that arose continuously in the methodological debates and critiques within demographic scholarship. Any set of facts may be 'proved' wrong if another method produces a rebuttal, for example by producing a new set of findings that go contrary to what was found in the earlier survey. The investigations differed considerably in terms of the questionnaires used and the manner in which the inquiries were conducted. Yet, even if there were difficulties in drawing a conclusive finding from all the surveys that were conducted, there was a considerable degree of uniformity in the way responses on crucial matters were organised, presented and produced. For example, data concerning the number of children desired, the desirable interval between the birth of one child and another, knowledge about family planning, and desire to learn methods to control

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<sup>2</sup> It would however not mean that population control discourse is a work of demography alone. In fact, there are other fields and practices for example, family planning clinic, with which population control moved to be in the way as we have seen it today in India. A discussion on it will of course be related to this essay but it will be a separate matter to handle.

pregnancies became the focus of a series of investigations (for example, in Chandrasekhar 1959; Agarwala 1961; Demographic Research Centre 1961; Institute of Economic Growth 1962; Indian Institute of Public Opinion 1964; Sengupta 1966).

Despite the issue of differences in methods and their reliability, demographers became the 'proponents of change', as Dennis Hodgson (1983) wrote. According to him, data collected by such investigations suggested that a substantial majority of all respondents were interested in learning how to control their fertility. The purveying of such data in turn proved to be a persuasive instrument for altering the views of particular population groups. Almost all of these surveys evaluated what forms of attitudes and behaviours had to be promoted, while emphasizing which reproductive sexual behaviours and practices needed to be seriously taken into account. While these surveys were frequently attempting to reveal the changing attitude of the people towards limiting the size of the family, they all pointed, as C.B. Matoria observed, towards only one goal, that is, the construction of a small family as a norm of a happy family (Matoria, 1959: 88). In the same vein, Bernard Berelson, a strong advocate of the KAP movement in demographic research, who was also heading the International Population Council, one of the greatest sources of expert knowledge and funding in population research, consistently placed KAP investigation at the centre in attempts to recognise the prevailing situation of family planning in many developing societies. What he, along with others, believed in advocating these surveys, was that successful implementation of population control policies was contingent on the knowledge generated by KAP investigations (Berelson 1964 and 1966; Fawcet 1973; Mauldin 1965).

It might be well to say that demographic discourse and family planning met at a particular juncture in India. This was a moment of articulation where new strategies of statecraft and new forms of mothercraft, and new notions of parenting and sexual conduct began to appear (Devika 2002 and 2008). In this way, population control was not merely concerned with regulating reproductive sexual behavior and bodies. Population control involved a set of practices informed by

strategies invented through investigations into the reproductive sexual life and practices of various groups of population in terms of work, income and location (Guha 1955, Morrison 1957, 1956 and 1961; Singh 1960; Family Planning Training and Research Centre 1962). Population planners' methods of intervention are modeled on the 'controlled experiment' conducted by various field investigations. Administrators experiment with new methods and strategies just as the demographers' do in their study. These experiments are considered to be 'model' not only to achieve 'objectives' in accurate manner but also to invent new ways of governance. The investigations of reproductive sexuality in this sense involved a specific style, one that maintained a particular mode of explanation and a form of knowledge about what it was to explain, but also constructing what was there to explain.<sup>3</sup>

### **Officialisation of demography**

The Planning Commission, in its draft report of 1951 proposed the collection, study and dissemination of demographic information on the basis of 'scientifically tested experience'. The need to thoroughly investigate the attitudes and motivations towards family size was emphasized in the First Five Year Plan document. It highlighted two specific proposals: first, to obtain an accurate picture of the factors contributing to the rapid population increase in India and second, to discover suitable techniques of family planning and devise methods by which knowledge of these techniques can be widely disseminated (Planning Commission 1952: 522-23). The importance of the proposal was envisaged in successive Plan documents. The Third Five Year Plan was explicit, for example, when it declared that family planning had to be pursued not merely as a major developmental programme, but also as a nation-wide movement 'in order to develop a basic attitude towards a better life for the individual, the family and the community' (673). Planning a 'better life' through reducing the size of family was a specific technology of governance that defined the basic nature of family planning in India.

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<sup>3</sup> I loosely used the notion of demographic 'style' from Nikolas Rose's notion of style of thought in *The Politics of Life Itself: Biomedicine, Power, Subjectivity in the Twenty First Century*. 13

There was a series of efforts to ensure massive collection of such information in order to administer the size of family. These efforts were associated with making new institutions and departments, that is to say, the founding of new and ever expanding sources of official power. Most of these institutions actually began as soon as the family planning programme was officially introduced in the beginning of 1950s but a deeper change took place later during the third Five Year Plan. Family planning discourse, one could say, institutionalised demographic knowledge as a principal means to articulate and sustain the ideas associated with family planning. It is in this context that we must see the coming together of economists and statisticians such as V.K.R.V Rao of Delhi School of Economics, P.C Mahalanobis of Indian Statistical Institute and D.R Gadgil of Gokhale Institute of Politics and Economic, in order to establish Demographic Research Centres (later changed to Population Research Centres) in research institutions and in the university system in India. These centres and institutions contributed, with their work in the field of population studies, to making family planning efforts a viable social and political action programme. Following this line, demographic researches were specially promoted through the establishment of three expert committees, namely Demographic Advisory Committee, the Committee on Scientific Aspects of Family Planning, and Communication and Action Research Committees, which indicated the links between medical and demographic intervention in conceptualising family planning in India (Gupta et al 1992; Desai n.d).

At the local and regional level also there were many efforts to institutionalise demographic knowledge and the facts it produced. For example, in the beginning of 1960s, Kerala had a Demographic Research Centre under the Department of Statistics and collected a huge amount of data from different parts of Kerala on attitudes towards family planning (Demographic Research Centre 1961 and 1964). At the national level, in 1963, a committee called Family Planning Research and Programme Committee was formed. It consisted of sixteen members from diverse fields including public health, medicine, statistics, and demography. They decided to establish a Research and Information Centre which was later recommended to the Planning Commission in order to take effective action. The purpose of the proposed information centre was to feed the increasing need of a continuous flow

of accurate and complete demographic information for planning development activities and policies. Information provided by the centre, as the committee observed, could lead to scientific study, formulation and execution of a comprehensive programme of population control (Gupta et al 1992:(Appendix A2); Desai n.d).

In fact, this concern was primarily the force that moved the Indian Parliamentary and Scientific Committee when it proposed, the following year, for the collection of more information about the visitors to various family planning clinics and their regularity in using contraceptives. The committee felt it necessary to also collect information on the number of persons who discontinued coming to the clinics after a few visits. This was to provide better understanding of 'their hopes, needs, anxieties, values and goals' (*Report of Indian Scientific and Parliamentary Committee* 1964: 90). By examining the findings of various family planning studies (most of which were actually focussed on KAP), the committee arrived at significant conclusions in its report that came out in 1964. These studies showed that for the people in the rural areas, four children constituted the 'ideal size' of a family whereas in urban areas three children were considered as the ideal size. It further disclosed that majority of women, roughly about 70 percent, were willing to learn about family planning while their parents-in-law did not object to the desire of the daughters-in-law to learn about methods of contraception. The Indian Parliamentary and Scientific Committee believed that efforts to collect more information on the reproductive life of women especially in the rural areas, would help to educate them (for they 'they were too shy to take the lead') and popularise the values of family planning (14-15).

A couple of years later, in 1967, the Central Family Planning Council also proposed to constitute a committee to consider matters such as 'no-birth bonus', modification of maternity benefits, children's allowance and many such other incentives and disincentives required to help people accept and practise the small family norm. As a result, the Small Family Norm Committee soon came into existence. The grandiosity of the vision of the Central Family Planning Council was soon at the top of the committee's priority. It started working on various

strategies and efforts with which to build 'small family' in India. Among the efforts proposed was a specific focus on comparative studies of large versus small families within similar income groups, in order to bring home the advantage in having small families.

All these happenings were interestingly related to the coming of a close partnership between the Indian government and other funding agencies in the field of population studies. This partnership was gradually beginning to have an influence in Indian demography as well as population control practices. Expert intervention from the Ford, Rockefeller, and Nuffield demographers was increasingly decisive of the nature of demographic practice and the way population control measures were designed and implemented in the country. For instance, Douglas Ensminger, head of the Ford Foundation office in India, successfully persuaded Nehru and the then Minister of Health, Rajkumari Amrit Kaur, to give population control higher priority as part of national reconstruction in the First Five Year plan itself. Again, in 1966, Ford Foundation sent seventeen long-term population consultants to advise and guide Indian family planning programmes. The American demographic presence in India was even more particularly felt when one of the top American demographers, Notestein along with Leona Baumgartner, Commissioner of the New York City Department of Health, was invited in 1955 by the Indian government to help develop a new program of family planning and research.<sup>4</sup> In the next year the Central Family Planning Board was established with Nehru as the president. Lieutenant Colonel B. L. Raina of the Army Medical Corps was appointed as new director of family planning. He was actively involved in family planning efforts since the beginning of the official programmes in both army and civil spheres. Another expert from the Population Council became advisor to the new director especially in the field of contraception research and policies (Connelly 2006; Agarwala n.d: (Appendix); Meredith 1977).

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<sup>4</sup> However some demographers in India strongly criticized the alliance between the American demographers and their intervention in the population activities in India. Contraceptive centered programme that was shaped adopted as the best family planning method was a point to which some of the famous practioners of demography in the country directed their anger and dissatisfaction. Ashis Bose of the Institute of Economic Growth, Delhi stood as the most visible critic of such partnership (2000(a); 2000(b); 2001 and 2003).

Around this time, two significant events occurred in the field of family planning in India. A separate department of Family Planning emerged in the Ministry of Health in 1966 and in the next year, S. Chandrasekhar, a well known demographer, became the Minister of Health and Family Planning. As early as 1946, Chandrasekhar in his book, *India's Population: Fact and Policy*, strongly advocated the inclusion of population planning as a major part of the post-war efforts in the field planning for agriculture, industry, and education (1946: 75). His involvement in the birth control movement gave a new strength to the official project of population control when the handling of the programme was under his responsibility. At a meeting of the Central Family Planning Council in Nainital in 1968, he presented three points in order to forge a fundamental change in the popular perception of family planning. First, to educate the people on family planning methods. Second, to make them major players in the implementation of family planning programme and third, to create a climate in which family planning could be shown as an accepted social behaviour (Chandrasekhar 1968: 15). In the same year, at the convocation of Demographic Training and Research Centre (DTRC) at Bombay which was newly created with assistance from the United Nations, Chandrasekhar announced that the knowledge that could tackle the problem of population which, according to him, was the greatest problem of the time, was the science of demography (Chandrasekhar 1968: 13). Chandrasekhar's insistence on inculcating the idea of the small family norm through mass education was officially endorsed when Central Family Planning Council met for the 5<sup>th</sup> time in 1968 (Central Family Planning Council 1968).

What can be seen from this development is that the government's family planning programme had taken on the expert views of the investigators and given them a new legitimacy – these views had been 'officialized', one might say. Demographic investigations and the data that projected 'facts' as the basis of mobilising governmental intervention raised crucial questions of family planning in India: who needed to be educated, how to educate them, how to know what they want to know, what is to be taught and popularised, what methods and strategies would be most effective for the programme, how to implement the programme on the basis of such findings? In fact, Chandrasekhar's belief that demography could best serve



the purpose of population control in India was actualized by a huge fund that was injected into various institutions and agencies in order to find answers to these questions.

So the project of data collection consistently attempted to identify, recognise, and arrange things and ideas, strategies and encounters, in order to control and regulate the reproductive life of the population. The entire reproductive population was divided into categories, classified and defined through a series of comparative investigations, of high and low income groups, rural and urban, educated and uneducated, men and women, those who practiced and believed in family planning and those who did not, those who failed to comply with it, and so on. Most of these studies worked out on the notion of parental responsibility, desire, belief, care and conjugal sexuality, biology of pregnancy and its transformation into motherhood, reproductive capability and its social economic back up, status and living conditions, choice and possibilities that were rendered in the decision to have a child, son or daughter or more. All these investigations had to find out the facts of reproductive life so they could be legible as the basic premise of family planning, as the archetype of the demographers' story of population and its problems. Besides, their research agenda and intervention into the objects that they constructed acted, in the words of Stycose (1964: 368), not only as 'a technique of persuasion, but also an avenue to action'.

### **Constructing reproductive facts**

The Department of Economic and Social Affairs of the United Nations, in association with the Government of India, designed a survey in Mysore. The survey was planned with a view to addressing the lack of methodologically reliable data on the nature of reproductive practices in India. The survey consisted of three main operations designated as Village Survey, Household Survey and Fertility and Attitude Survey. Before the rounds of the operations were carried out, the same procedures were pre-tested in Delhi in March 1951 and then in selected urban and rural areas of the erstwhile Mysore state in July 1951. The proper Mysore survey began in the middle of December in 1951 and was completed in September 1952.

The village and household surveys were carried out first in a sample of 186 villages, and fertility and attitude survey was done later.

The findings of the surveys were expected to meet two major needs of the country: the creation of more reliable pool of demographic information on Indian population and the evolving of efficacious and suitable measures for national planning and reconstruction (*Report of Mysore Population Study 1961: 4*). With this objective, the village and household survey operations were carried out and a huge amount of information generated on economic activities and level of literacy of a large number of married men and women in urban and rural areas. In order to arrive at a convincing set of relations between the information on economic and educational categories collected in the first and second rounds of the survey, the data were tested against the data provided by fertility and attitude survey which was the last round. By comparing the data provided by the survey with other sources of data including for example, National Sample Survey of 1951 and 1952 and other similar earlier studies (for example, Sovani 1948; Chandrasekharan and Sen 1947), the Mysore Survey located the reproductive performance as an effect of social and economic activities and position of the couples. The three rounds of investigations of the survey primarily focussed on collecting information on the 'factors' responsible for the state of reproductive knowledge, attitude and practices of the couples. Rich data on fertility was built in the first two rounds which produced information on the nature of fertility and reproductive behaviours of thousands of married couples. For example, rate of fertility in the urban areas was found to be lower than that of the rural zones. The data revealed that the reason for this difference was the increase in women's age at marriage particularly among the educated groups in urban areas compared to women's age at marriage in rural areas where access to modern education was severely limited. This suggested that educational and economic position of the couples had an inverse relation to fertility, reflecting a more general thesis in demographic studies on the relationship between fertility and education.

What was even more interesting was the way the findings of the first two rounds of the survey were linked to the last round that particularly focussed on the age and

educational status of married men and women in both urban and rural areas. In the last round, 1,408 married women and 1,084 men were interviewed to collect detailed information, for example, on pregnancy histories of married women, opinions and attitudes with regard to size of family, age at marriage, desire to have or not to have more children, the reasons for such desires, the knowledge and practice of contraception, etc.. The focus on the age of marriage and fertility especially of married women open up possibilities of a range of other questions too. For example, why certain age groups had the largest number of children and how it was different in variation with the married couples' social and economic background as well. There was a certain age of the women at which the average of number of surviving children they could have was the highest. For example, in Bangalore city, the survey found that the largest number of living children ranging from 3.7 to 3.9 belonged to the mothers who were 45 to 54 years old, while in the rural areas mothers of the age 35-44 years had the largest number of children they could have ranging from 3.2 to 3.5 (111). This suggested that mothers who had reached 45 years of age and over with high school or university education had given birth to an average of 4.0 children which was less than the average number of children of 5.4 for those mothers with less education who were younger than their urban counterparts (111).

Interestingly, the findings on the respondents' desire for children were linked to their knowledge and practices of contraception. What it found in the last round was that the majority of the young married women lacked knowledge about contraception as a 'method of family limitation'. Nearly two thirds of the respondents in Bangalore City and nine-tenths of those in the rural zones, as the report of the survey put it, lacked any knowledge on this subject. The report further observed that failure to attempt family limitation on the part of the couples who desired no more children could undoubtedly be explained in 'very many cases' by their lack of adequate knowledge of contraception. This lack of knowledge was 'alarming' and could lead to 'grave social consequences'. The respondents' desire to have no more children was in conflict with their not being able to make use of any method of avoiding pregnancy. The findings revealed the need to attend to this lack of knowledge about contraception in order to strengthen family planning. The

survey established a general norm of reproductive sexual practice that more educated couples in both rural and urban areas used some forms of contraception and women with high school or university education married later than those with less education. And thus the need to focus on the less educated rural couples particularly women with lower income was strongly suggested.

During the same period, a team of demographers at the Gokhale Institute of Politics and Economics in Poona were trying to study the attitudes of people towards family planning the investigators and they attempted to identify how family planning was actually practiced (Dandekar 1962; Dandekar and Dandekar 1953). A series of ten such studies were carried out in 1951 with the establishment of a separate demographic section at the Institute with financial assistance from the Rockefeller Foundation. These studies were conducted for a period of five years from 1951 to 1955. The first of these studies was done during 1951-52 in the district of Poona with a sample of families covering the city of Poona, five towns and thirty villages in the district. The number of families covered by the general survey was 1,180 from Poona city, 387 from the five towns and 619 from the thirty villages making a total of 2,186 families. The main device to get into the world of respondents was in the form of separate questionnaires for the wives and husbands. Respondents were sometimes ignorant, 'erratic' or irresponsible in their response to the question posed to them. In order to overcome this situation which was faced too often in such studies, the survey designed the questions in such a manner in that the respondents would feel comfortable in giving information about the their lives, children and the means to raise their families. This could be seen from the distribution of questions and the way questions were organised in the set. For example, of the one hundred questions asked to each of the husbands and wives, about three fourths were concerned with the background that would gradually lead to family planning and later to their attitudes towards the programme. Direct questions relating to their attitudes towards the idea of family planning and limitation were allowed to come only towards the end. The significance of this technique, the manner of interviewing or collecting information was not that the investigators used a 'trick' to get to know how their 'informers' had to be tamed. It was more than a trick and perhaps in this senses never a trick, so to say. It was

rather the necessity, the effort that in no way could be missed or went astray, and the gaze that could never fail. However it is not to be misread as saying that the survey collected information that it desired to collect. Here again a different kind logic is put to work: facts as found in the field cannot be bent but the way to understand that this is what the respondents do, feel and know is constituted before these facts are encountered.

However in another similar study during 1952-54 which was carried out under the supervision of the Institute in three districts of Bombay state, the preliminary questions of investigation into family limitation came more directly. What the answers to questionnaires suggested was that there was a remarkable recognition among respondents of parental responsibilities, which was 'practically universal'; and cases of expression of irresponsible attitude towards children were 'few and rare'. The most significant fact the studies found was that a large number of married couples in the city as well as in the rural area were open to any useful information on how to limit the size of their family.

It was around the same time that Harvard University's epidemiology department in association with the Government of India and Punjab carried out a population field study popularly known as Khanna Study in a cluster of villages in Panjab (Wyon and Gordon 1971). Beginning in 1953 the study ended in 1959. An interesting character of the Khanna Study was that none of the three chief architects of the field study, John E Gordon, John B. Wyon, and Carl E. Taylor were professional demographers.<sup>5</sup> They were medical practitioners in the field of public health. The study was an experiment of deploying epidemiological method in identifying best suitable measures of population control in Indian villages. Drawing on the epidemiological method, the designers conceptualised excessive fertility in the

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<sup>5</sup> In 1951, John E. Gordon of the Harvard School of Public Health discussed a possible field study with the officials of the Ministry of Health of the Government of India. Gordon met John B. Wyon, another medical missionary in Calcutta. They were later joined by another medical professional, Carl E. Taylor, who was born and raised in India and had practiced medicine as the head of a new department of preventive medicine at the Christian Medical College in Ludhiana in the Panjab. Taylor became Assistant director and Wyon Field director of the investigation. An Advisory Committee consisted of a Rockefeller Foundation representative and some leading members of the Indian medical and scientific community supervised the investigation during the entire period of the study.

Khanna region of Punjab as an 'epidemic of births'. So for the Khanna survey, this epidemic of births occurred to those married women who were living with their husbands in the reproductive age (Gordon 1951; Purshottam n.d). Through the application of epidemiological knowledge in demographic studies, the investigators built a huge pool of information on various influences on the reproductive 'epidemic' among the rural population. The study was based on direct and continuous observation of about 8,000 married men and women in eight villages over a period of five years. The primary objective of the study was not to get 'the greatest number of people to use some sort of contraceptives' but to identify the 'factors determining decisions to adopt or not to adopt family planning' (Wyon 1960: 290).

By investigating married men and women especially between 15 and 44 years, on how they actually decided on the number of children they should have, and the use of contraception, the designers of the survey believed that the remedy to the problem could be developed. To draw a scientific conclusion on the nature of the problem and the possible remedy to it they organised monthly visits to husbands and wives during the entire period of the investigation. These visits were meant not only to educate the villagers on the use of contraception supplied as part of the survey but also to collect accurate and prospective 'information' on how they used the contraceptives. The effort was to find out what the villagers really wanted to do by way of family planning, what contraception they were prepared to use and what method of distribution of materials was most suitable in a village situation (Wyon 1960: 290). As part of the investigation, foam tablets were distributed each month to 1,000 couples.<sup>6</sup> The survey found that 50 percent of the couples under study

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<sup>6</sup> Along the model of community field trials of a vaccine or drug with which to determine changes in number of deaths or cases of a disease, the Khanna study was designed to observe two similar population groups. One was a test population supplied with contraceptives materials and other activities such as advice and prescriptions and the other was a controlled population left either untreated or administered with a placebo. The objective was to measure changes in birth rates in both the populations. Three types of foam tablets were used during the study, principally Volpar tablets of British Drug House manufactured in London, Dura-foam tablets of the Ortho Company of New York and Fomos tablets manufactured by Fomos Laboratory of New York which was used for a year till it was later discontinued because of suggested harmful effects from the active ingredient called 'oxyquinoline sulfate' the effect of which was, the report of the Khanna study said, "a claim not known to have been supported".

used traditional forms of contraception along with the tablets. It was also discovered that for most of the couples who used contraception, 'economic' ground was the motivating factor for using contraception. However later stages of the investigation also revealed that despite "strong effort to encourage couples to accept contraception", numbers of those who accepted and actually used the methods were found to be declining (Wyon and Gordon 1971: 141).

This falling number of villagers, who actually used contraception during the period of the Khanna study, as shown above, led some to question the validity of the methods of investigation and more particularly the purpose of such study. For example, in this context, Mahmood Mamdani in *Myth of Population Control* (1973) offered a powerful critique of the Khanna survey.<sup>7</sup> For him, all those flurries of data gathered in the investigation as an indication of 'its own performance' sought to justify a particular mode of explanation and knowing practice. However what Mamdani seemed to suggest was the issue of interpretation of the data. The findings on the attitude were on the basis of interpreting the reproductive sexual practices with regard to matters concerning contraception and family planning. However, Mamdani argued that by doing so the attitudes of villagers were separated from the social reality in which these attitudes originated. The focus of his critique was basically towards the notion of demographic 'facts', stripped of their relation to their social environment. As a result of the emphasis on individual opinions and attitudes, any possible alternative understanding of these opinions was obscured and unattended. This was, as Mamdani argued, a refusal to seek to alter the 'social circumstances and thus to change the social basis of the

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<sup>7</sup> Mamdani's work was based on his field visit to a village which was included in the Khanna Study using a different method of interpreting the opinions of the villagers on the question related to contraception and family planning. He observed that the data collected in the survey was the work of political conservatism and this conservatism was the result of financial interest of three different groups involved in the Khanna Study. As he wrote, the most immediate importance for the information was the Advisory Committee which advised the Rockefeller Foundation and the government of India for the information impinged on the question of whether or not to continue making financial contributions or funding to the project, to be precise. The second group was the interested 'public', which included those who were generally outside the specialists in birth control movement and demographic circle and finally the directors who formulated policy and staff of the survey. Even more interesting aspect in his argument was that the data presented in the reports of the survey was a mere instrument for protecting the political conservatism of certain idea of a dominant group of population theorist. Interestingly, last chapter of the book was in the form of an appendix and entitled as the "The Weapon of Statistics".

individual act' (Mamdani 1973: 20 and 1976). This critique argued that the political-ideological construction of the idea of family planning was a substitute for 'structural and institutional changes' in the whole society that might have brought about changes in attitudes to contraception and size of families.

Another criticism Mamdani made was that by the end of the survey it was quite obvious that the contraceptive programme of the Khanna investigation had been a complete failure. However, it is important to also see that the ultimate purpose of the project was not to get the greatest number of contraceptive users under the investigation programme. The significance of the Khanna study was the import of expert interpretation of the reproductive life of the villagers in the Khanna region. When the epidemiological intervention was made in order to suggest 'sound principles for treatment and prevention of a malady', the architects of the Khanna study argued that scientific measures of population control could be devised through the combined skills of various disciplines including demography, behavioural sciences, economics, public health and medicine. They believed that progress in population control rested in the 'facts' derived from the expert experience of 'reality' (Wyon and Gordon 1971: 290). The logic of contraception-centred intervention, as suggested by the Khanna study had wider political implications. Population control discourse that evolved along with the findings of such studies had largely come to define and to open up new possibilities of governmental intervention through family planning in India.

The focus of the findings that were produced in the form of recommendations emphasised the responsibility of the couples to their children and society, suggesting that happiness and welfare of the family depended on it being a small family. Population control brought in both official and expert discourses in this way to develop specific ways of intervention and explanation. It involved, to put it precisely, *officialisation* of reproductive facts on one hand and on the other, *appropriation* by official discourse of the demographic mode of knowing and the data produced through that knowing. For example, when demographic experts at the International Institute of Population Studies (IIPS), earlier known as Demographic Training and Research Centre (DTRC), examined all KAP studies which were conducted in the field of family planning in India during 1950s and 1960s, they felt that homogenous groups in the same variables like religion,



education, caste, occupation should be refocused in order to understand the selective response of couples with regard to family planning. They also pointed out the need to understand the reasons for gaps between 'expressed willingness' and apathy for action among various groups. Such studies, in the view of the experts, would help in revising the strategies of family planning programme. Among other things that needed to be focussed as the main thrust of KAP investigations, according to the Institute, were separate investigations in order to identify 'hard core resisters' to family planning and analyse the psychological structures of the negative attitude (International Institute of Population Studies 1972:13).

The whole logic of operation of family planning thus, was such that the couples having a particular demographic character were seen as the strategic location of intervention. What appeared, as Hodges had also suggested, (Hodges 2004: 1162) was the establishment of family and individual as strategic location of population control. Family planning policies were transmitted and mobilised in order to govern this location through the facts that described it. The norm of family planning that was then endorsed through the official programme of family planning was again inscribed in the strategies to organise, collect and produce the 'truths' of demographic 'identity' of individuals, their reproductive sexual practices and behaviour. The concept of demographic identity was instrumental and also central to the governmental classification and intervention in the life of population. It also involved active social engineering and promotion of the claims and interventions made within the configuration of power of the two discourses: that of the expert and the official. In other words, the population policy produced by these two discourses consisted of, as one demographer put it, 'the number of men, women and children, the rate at which they multiply or die, their health and welfare, their education and employment, their training and skills, the food they eat, the places where they stay, their lifestyles, the age at which they marry' (Ali n.d: 22).

Facts about identity, about how individuals behave and conduct their sexuality when linked to family planning, thus invoke a disciplinary as well as an administrative norm with which to govern the reproductive life. A number of investigations into the size of family and desire for number of children were performed to produce this effect (Som and Sengupta 1960; Joshi and Virkar 1968; Mohanty 1968). Through such practices, demography came to acquire the status of

a principal form of knowledge within the coordinates of public political rhetoric of family planning.

Based on this, I would say that the notion of small family was a discursive product of the practice of a particular mode of knowing and explanation that had a dialectical relation to the modes of governing, intervening in and controlling the conduct of reproductive life of the Indian population. This mode of knowing produced facts and they became norms to be believed, adopted and practiced on the one hand; and promoted, enforced and administered, on the other.

It was in tune with the notion of modern norm of conducting responsible parenting, that contraception was cast in the form of the best and most reliable method of maintaining 'desirable' number of births that the country could afford to have and care for. The emergence of contraception in the entire family planning discourse in India as scientific means to family planning can be recovered from the ways demography and family planning practices related to each other during the early stage of development of population control ideas and practices. This was where diverse problems of population were grouped together with specific technologies of governance, institutions and subjectivities. The politics of population control in India had created a huge body of 'objective' knowledge about reproduction and ways of conducting sexual life. In fact, as I have shown, the demographic 'knowledge' was made to work as an essential element for the planners and administrators to define, practise, control and govern the family planning norms in India.

The next two chapters will look at two modes of implementing contraception/birth control – the clinic and the camp.

## Chapter III

### A Method Named “Clinic”

The Planning Commission in the First Five Year Plan emphasized two particular strategies in order to effectively administer the family planning programme. One set of strategies included routine and massive collection of a wide range of ‘accurate’ information on population growth in the country. The other set of strategies was related to the task of instituting expert medical ‘advice’ as an integral part of family planning services to be offered through hospitals and public health agencies (Planning Commission 1952: 523). The strategies made the clinic to be ‘officially’ a central figure in family planning efforts. It emerged to be a potent site of authority since then<sup>1</sup>.

Yet, a decade later, on 4 April 1963 a letter from the Secretary to the Ministry of Family Planning announced:

It is suggested that the term “Clinic” may not be used, as it gives the idea of some type of curative treatment centre. The family planning programme should be viewed as an integrated effort aimed at establishing the conditions conducive to adoption of family planning throughout an entire unit of population. [...] The overall programme should emphasise community level educational techniques aimed at helping people themselves to organize educational activities within their own groups for promoting family planning and set up channels of simple contraceptives supplies requiring no clinic visits (Ministry of Family Planning 1963: 126).<sup>2</sup>

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<sup>1</sup> In order to make family planning efforts more efficient, clinics were established across urban and rural areas. By 1968, for example, India had over 26,000 family-planning clinics in addition to almost 9,000 hospitals and health centers providing birth-control information and supplies. It increased to nearly 45,000 with more than 41,000 located in rural areas, along with 862 mobile units in just two years in the end of 1970.

<sup>2</sup> The letters used in this chapter were sent from the Ministry of Family Planning to different agencies with regard to family planning programme. For all official communications in the form of letters used in this dissertation, see Gupta, J.P., N.K. Sinha and Amita Bardhan (1992, Volume I and II). The year refers to the year in which the letter was dispatched and the page number refers to the page of the respective volume as indicated in reference column.

About 14 years later, on 26 May 1977 a notification was circulated by the same Ministry:

Consequent upon the decision of the Government of India to change the name of the Ministry of Health and Family Planning and the Department of Family Planning to the Ministry of Health and Family Welfare and the Department of Family Welfare, respectively, it has been decided the Central Family Planning Council will hereinafter be known as the Central Family Welfare Council (Ministry of Family Welfare 1977: 112).

The changes ranged from promoting the clinic as the central agency in family planning service to abolition of the term 'clinic' from being used to refer to the activities of the programme and then to changing the name of the programme from 'planning' to 'welfare'. How do we understand the changes in the official version of the role of the clinic in Indian Family programme?

This chapter is primarily concerned with administrative construction of family planning clinic as a method of governing reproductive sexuality, especially till the end of 1970s. I would argue in this chapter that the 'clinic approach' as it was known in the official discourse of family planning was not necessarily an approach that was centered on the institution of the clinic. This is to see that the clinic was much more than a biomedical institution as we generally know it. The clinic in the family planning programme was, as I would argue later, a method, an intention of intervention, and of conceptualizing problems and possible solutions in particular ways. Its power is constituted by the manner in which it administers, engages and produces the notion of 'clients' as the object of population control and planning. Even more significant is the specific culture of administration that developed around the question of reforming the clinic in order to make its working more efficient and effective. Later in the chapter we will discuss the limit of the clinical intervention as occurred during the emergency. The purpose is to try to understand the emergency not as aberration of the normal working of the clinic but as limit to the efficiency of the clinic method.

### **The work of the clinic**

The clinic method involved various technologies of governance including establishment of new institutions and machineries. These technologies, though

they were various in the manner of application, however, had one common objective and this was to discipline and regulate sexual and reproductive behaviour and practices of the clients. The clinic in this sense operated in three ways. One, behavioural reformation by teaching and cultivating the values of self-control and regulation; two, management of consent and finally, production of client information.

### ***Behavioural reformation***

In a study of 'infant mortality'<sup>3</sup> in India during 1915-1955, Chandrasekhar (1959) argued for compulsory medical advice to every expectant mother from the day of conception to a year after delivery, such as all conceivable prenatal care, balanced nutrition during pregnancy, and so on. If expert gynecological and obstetrical care during delivery and all care for the infant during the first year were available, he wrote, 'it is theoretically possible that the infant mortality rate, in such community of cases, might be zero' (132). Lack of sanitary practices in India especially in 'dirt-dominated, poverty stricken slums, backward villages and often in well to do urban homes', was, he argued, responsible for high infant mortality. Unhealthy sanitary practice was for him a consequence of 'extraordinary' lack of knowledge on the part of mothers regarding feeding, clothing and general care of the infant. According to Chandrasekhar, mothercraft was an art which should be learnt and acquired by every mother to solve the problem of high infant deaths in India. What he saw as the solution to the problem of high rate of infant death was also related to containing high birth rate especially among those who were ignorant of the values of cultivating the art of motherhood. Despite this art being a cultural experience, he thought that there were also 'scientific verdicts' on how to conduct the maternal skills, responsibility and the knowledge of such scientifically validated practices of motherhood. In order to cultivate scientific temperament of parenting, Chandrasekhar wanted to 'educate every mother in the latest scientific findings about the most desirable methods of rearing infant' in order to ensure

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<sup>3</sup> The conventional infant mortality rate is defined as the number of infant deaths that occur during a given period of time, usually a calendar year, per number of live births during the same period, in a given population.

proper 'physical and emotional development' (147-148). For him, proper dissemination of correct knowledge of mothercraft could be achieved only through 'demonstration and printed word', the former representing the clinic and the medical expert and the later literacy and reading habit.

Making the 'problem' of infant death as pathological 'object' to be dealt with only in the scientific discourse of 'mothercraft', Chandrasekhar sought to address the importance of mothercraft or maternal skill in family planning. What Chandrasekhar wrote about the advantages of and the need to utilize what he called 'scientific verdict' on the skill of competent motherhood became one of the central elements of the family planning activities. The programme of family planning in its initial stage started to work on cultivating the values and skill of 'competent mother' as a central element and the essential condition of small family. This came with further consolidation of the association of healthier nation with intensive and scientific regulation of 'motherhood'. This process became even more intense, as Whitehead argues, when 'statistics of infant mortality and morbidity, collected from the early 20<sup>th</sup> century onwards, began to quantify the national state of healthy mothering' (1996: 195).

The focus on motherhood invoked a principal concern to teach all married women the skills required for living with a responsibility from the stage of conception to child caring. The clinic emerged in this manner as a fundamental figure in the scheme of 'planned parenthood' and happy family. The clinic was to ensure the spread of scientific skill of mothercraft by cultivating the values of family limitation or birth control. Mothercraft in this sense was sought to be regulated.

Responsible parenting and happy family were notions that were much discussed in the official discourse of family in the beginning. The clinic through its regulative exercise on the psychic space of the motherhood acted as a pedagogical agent in matters concerning reproductive sexuality emphasizing the role of 'good' mothering and parenting. Its pedagogic practice focused on educating the people on how contraception would help them create better existence, individual and collective. This was the way in which the clinic was fundamental in both

production and interpretation especially of the female reproductive behavior, practice and sexuality.

### ***Governing through consent***

The social intervention widely conducted by the clinic had led to bridging the distance between the authority and the clients' agency to the effect that the technology of agency had itself become a product of the bureaucratic power of the authority. For example, consider the following text of an application form that someone considering sterilization must fill in before the operation at the clinic.

Please arrange to have me sterilised. My and Wife's ages are\_\_and\_\_years respectively. We have married for\_\_years. My wife had\_\_pregnancy and\_\_children are now alive. They are in all good health and their ages are\_\_our monthly income is\_\_\_. I have obtained the consent my wife to my undergoing vasectomy operations. My wife and I realised that we cannot have any children after the operation and this request for operation is for my benefit and the benefit of my family and for welfare of my children i.e. a fuller family life and health of my wife will be permanently damaged if she has any more pregnancies (Ministry of Family Planning 1968: 29).

If a woman sought sterilization she would need written consent of her husband. However, in the case of vasectomy the husband did not need the written consent of his wife which was normally a signature to appear in the form. He would declare in the form that he had obtained consent of his wife. But the Central Family Planning Council resolved in 1971 that similar to the procedure for accepters of vasectomy it would not be necessary for the wife to obtain written consent of her husband. It would be sufficient, the Council maintained, if she declared in the form that she had obtained the consent of her husband (Ministry of Family Welfare 1977: 99). In the next year, a step was further advanced when the Ministry of Health declared that only one application form would be used, instead of existing two separate forms for husband and wife. With this change, the following words were inserted:

“I have consulted my wife/husband regarding my decision to undergo sterilization operation, which has been taken independently by me and my wife/husband without any outside pressure, inducement or coercion” (Ministry of Family Welfare 1978: 105).

The notions of 'consent' and 'voluntarism' as shown in the application form were in this way not unmediated categories. In fact, giving consent to the authority was already mediated through a specific bureaucratic process. The motive of voluntarism in the certificate of consent cannot thus be seen merely as a requirement at the level of administration of the clinic as well as the family planning programme in general. What I suggest is that this 'requirement' was produced as an effect of political calculation, one that sought to popularise the motive of consent and voluntarism as a collective desire. The application form required to be filled by an adopter of sterilisation bore this power in its pure visibility. The procedure was officially arranged and it was a clear delineation of a range of other possible formats of constituting choice and responsibility. Giving oneself to the procedure of that power was in this sense bureaucratisation of consent. Significant success of the clinic administration lies therefore in the successful production of a desire to consent to the values of self regulation that the clinic would need their clients to cultivate. This would then be implicated in the concern of introducing new 'economic discipline' in home (for example, Baldev 1968). This discipline would call for new orientation in thinking about family and parenting along with what many administrators and politicians understood as the voluntary character of the family planning programme in the country.

However, in a critique of the belief that Indian family planning especially before the Emergency was purely based on voluntary participation of the people, Marika Vicziany (1982 and 1983) argued that the 'voluntarism thesis' was a myth. What was significant in this critique was that the nature of coercion especially during the Emergency had their original sources and was always already inscribed in the series of biomedical, administrative and professional interventions that took place long before the Emergency. According to Vicziany, excesses in family planning inherently involved the larger political interests of the urban middle class and the landed interest of the privileged few of the agrarian population. The political economy of class relation to the state in India, had always already determined, the official belief of 'voluntarism' which in itself was, Vicziany argued, a form of coercive force or choice. As a result, the simple formula of coercion understood as violence, Vicziany maintained, ignores the possibility that 'free individual choice



can be curtailed by methods less spectacular but no less than naked force' (1982: 587).

One may however intervene into both the official claim of voluntarism in family planning and Vicziany's critique of this claim in order to recognize that the clinic method in family planning produced both the particular form of the 'consent of the governed' as well as the procedure to construct the 'desire to consent'. Here the notion of consent is rather constitutive of the administrative-demographic machine, and I suggest that voluntarism is the principle of implementation of family planning as a national programme. The Indian family planning programme was in this sense designed to invoke the notion of 'desire', not merely as a 'choice' but more as the 'principle' and behavioural code of voluntarism. In this way, voluntarism which the official narrative claimed to be the characteristic of the programme was always already discursively mediated and produced. The potency of the clinic precisely resided in this process. As a result, the burden of uncontrolled births was placed on the shoulders of those who did not have the values and did not know the skills of family limitation. The clinic's pedagogic project was thus to make these people its clients.

### ***Data Production***

The social intervention of the clinic was not grounded in expert medical advice only. The 'expert advice' provided by the clinic to its clients had another function, perhaps of a greater significance, which was to settle on the question of what advice would be convenient for the people to adopt, use and believe. So the clinic collected and maintained a huge pool of data about the clients: how they lived, earned and came to know that clinic would help them. Production, use, management and circulation of client data was therefore a significant concern of the clinic approach.

Collection of client data was pursued through two ways: case card and house to house visit. Case history cards or case cards were normally distributed by the clinic staff to the female clients. When a woman came to a clinic as a new client, name and address of the client, source that referred her to the clinic, her social and

economic background, family, conjugal and sexual life and parental experiences were entered in a registration book.<sup>4</sup> Registration was done either by a health visitor or a social worker attached to the clinic. The information was later entered into the case card of the client. In those clinics where either no health visitor or health worker was attached, the doctor filled out the case card. The information thus gathered was later submitted to the organizations (government or non-government or partnership of both) to which they were affiliated to. However, not all the clinics used the same type of case cards. Some used a less detailed card while others used a more detailed case card which was usually developed by experts and this card was generally used for research related activities within the organization under whose supervision and funding the clinics operated. However, the Government of India had issued instructions to use a similar card of the latter kind in all the clinics in the country. Most clinics receiving financial aid from the Government of India had began to use the modified cards since then.

The case card had a specific column to record the source that encouraged a client to go to the clinic. The source which actually 'referred' or 'directed' a client to a clinic, consisted of variety of figures including client herself, doctor, health visitor or social worker, friends or relatives, patients, both print and electronic media and other sources including signboards, printed publicity, mass meetings, hospital, dispensary or welfare agencies. The case cards mainly referred to 'classification of person' rather than institutions and agencies as main source of referral. Among the sources frequently cited as 'main source of referral' was the social worker or health visitor associated with the clinic. Another category was 'self' and this was quite common in the case of those who came from places where health visitor or social worker was not available. Compared to this, source in the form of 'friend, relative

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<sup>4</sup> This section is based on the finding of a study conducted in the beginning of 1960, by two research institutes in Bombay, the Demographic Training and Research Centre (DTRC) and the Family Planning Training and Research Centre in association with Family Planning Association of India (FPAI). The investigation was part of a series of efforts that were undertaken during the time in order to enhance and contribute to 'proper setting up of clinics'. The clinics under investigation were located in Greater Bombay. The question dealt in this section is not about generalisation but understanding how they worked in particular situations as part of a general programme. See, Chandrasekaran and Kuder (1965).

and other patients' did not play a significant role while signboards, printed publicity or mass meetings also were insignificant in motivating women to come to the clinic (Chandrasekaran and Kuder 1965: 4).<sup>5</sup>

The clinic also had a network of trained, full time social workers attached to it. They helped in the registration of the clients. They were supposed to help the clients understand what the doctor had advised them to do. They did a lot more than simply transferring clients' information into the case cards. They visited clients' houses. The purpose of the visit was to maintain a record of old 'contacts' and make new ones in order to expand the techniques of planned parenthood and family planning (Report of the Contributory Health Service Scheme for Central Government Servants in Delhi/New Delhi 1959). These house to house visits provided an advantage in maintaining and renewing the data collected by the clinic.<sup>6</sup> This system of data 'production' through registration and home visits was instrumental in eliminating or modifying many of the existing data restored as records at the clinics, depending on the purpose of their use.

Data collection or rather data *production* was in this way not simply a practice of data storage but rather a technology with which the clinic was to function. The clinic was thus to construct clients both as *source* of data as well as *the point of application* of data. It used what it created to improve its administration and services. It was through this practice that the clinic could interpret and identify specific needs of married couples and their preferences. Client data was crucial in ensuring efficient working of the clinic. The data produced, owned and maintained

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<sup>5</sup> The investigation focussed on examining the functioning fifty three clinics which were functioning during the period from 1949 to 1959 as a part of the maternity and child welfare services. The clinics consisted of which were attached to hospitals, dispensaries or those which were set up exclusively to provide family planning services including those run by the government or voluntary or agencies or both.

<sup>6</sup> These included information on physical condition and age of mother, number of children she had, month and season of birth, order and interval of births, occupation during pregnancy and first year of the infant's life, sex of the infant, duration and nature of marriage such as common law marriage, temporary concubinage or casual affair; nature of birth (premature, single or multiple), etc.,. Elaborate data were maintained for those who only requested information about methods of contraception that did not require any clinical examination.

by the clinic was found to be very relevant and fundamental and as a result there were many efforts to systematise the maintenance of clinic records.

Record maintenance was entirely the responsibility of the clinics in different parts of the country, each of them following a system that was suitable to the particular setting and environment under which they operated. However there were some concerns to introduce reform in the maintenance of clinic records. In 1965, a committee known as Mukherjee Committee was set up at the recommendation of the Central Family Planning Council. The Committee held that the way in which reporting and maintenance of record were handled at the clinics was far from being perfect. The Committee in its report emphasized the need to develop an administrative mechanism of a uniform system of record maintenance in order to systematize the methods of recording and reporting of events of family planning services. Two years later in 1967, Coupon System was introduced and later in 1969, a guide book, also known as Green Book, was introduced. It was about maintenance of records and submission of returns at various levels of the functioning of the clinic in family planning services. The Green Book was again reintroduced with modifications as the 'Manual of Family Planning Records and Return' in the same year with the objective to ensure a uniform adoption of data maintenance at the clinics across the country. The transformation from the Coupon to the Manual particularly invoked invention of tools for the clinic administration to function properly and efficiently.

This concern laid foundation for future development of a separate administrative role of the clinics as part of the services they normally provided. Many institutions working in the field of family planning tried to improve the system of maintenance by re-evaluating what actually was going on at the clinics. For example, in 1969, a team consisting of the Statistician and the Accountant of the Regional Health Office of Bhopal visited some family planning centres in rural Madhya Pradesh in order to check whether family planning registers and accounts were in the state of affairs as desired by the family planning authorities. The team later came up with a report which was submitted in September 1971 to the Director of Public Health and Family Planning, Madhya Pradesh. The report observed that the family

planning records were not given their due importance and seemed to be considered merely as a formality. It expressed anxiety over the lack of facilities as well as awareness of the importance of clinic records. The report while revealing incomplete manner of data maintenance in almost all the places reminded that the clinic was the place where records of data were supposed to be very crucial in its functioning as family planning agency. Since then, systematic maintenance of clinic records on family planning cases began to be perceived as an important part of family planning activities and services.

Along the lines of the suggestions made in the report of the field experiences of the visit, another team of statisticians at the Regional Health Office in Bhopal again carried out a study in September 1971. The study primarily examined the degree of importance attached to family planning records in the form of case cards and registers on sterilization and Intra Uterine Contraceptive Device at various operational units in Madhya Pradesh. This was what they called the first study of its kind in the whole history of family planning activities in the country.<sup>7</sup> The study further reaffirmed the importance of primary registers. The team suggested inclusion of record maintenance as part of training curricula of the doctors and believed that it would help to improve the condition of the clinic records (Regional Health Office 1973: 26-28). Such intervention tended to appreciate incorporation of an archive of information about the clients within the fold of the clinic's function.

### **Reforming the clinic method**

I would argue in this section that the emergence of what was officially known as 'integration of services largely reformed the meaning of the clinical intervention in the official discourse. The clinic in the new administrative discourse of family planning was not merely a technical functionary but largely a design of an apparatus that was indirect and more coordinated.

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<sup>7</sup> Out of 441 PHCs, 69 Urban centers and 34 Voluntary Organizations Centers that were selected from 43 districts for the study only 327 PHCs, 29 Urban centers and 10 Centres run by Voluntary Organizations responded by sending the filled in schedules.

The integration discourse in family planning administration was significant also in light of the way the whole architecture of Indian family planning programme was designed in tune with the wider international discourse of family planning. We will briefly review the issues around the understanding of role of the clinic in the light of the international family planning ideas. Then we will discuss how the clinic as an administrative measure was reshaped in a new discourse of family planning administration.

When Frances Ferguson, president of Planned Parenthood Federation of America (PPFA) spoke at a Conference of International Plan Parenthood Federation (IPPF) at London in 1955, she described the function of PPFA as to provide medically directed child spacing and medical consultation to help childless couples have babies and give professional assistance directly to individual families (Ferguson 1995: 478). The conference was organised to promote the belief that family planning was a medical programme.

The increasing focus on the clinic and its role in family planning, however, came to face serious criticism and objections from some of the professionals in the field of population studies. For example, about five years after the IPPF Conference at London, Milibank Memorial Fund and the Population Council jointly organized a conference on research in family planning at the Carnegie International Center in New York City in 1960. Speaking at the Conference, Mayone Stycose of the Department of Sociology and Anthropology, Cornell University, gave a critique of the ideology of IPPF which, according to Stycose, emphasized the role of medical knowledge and medical professionals in birth control. Stycose' critique was directed to the manner in which IPPF movement took a decisive role in shaping population control programmes in Asian countries where large scale intervention of medical expertise formed the basis of population control programme. The professional position from where birth control ideas and practices took the shape of an organized movement, according to Stycose, rendered three sources of 'ideological biases – medical, middle class and feminist' (Stycose 1962: 478-483). Emphasis on individual protection from pregnancy, Stycose observed, was a serious medical bias while the notion of 'child spacing' rather than 'limitation'

through methods of contraception such as abortion, sterilization and male contraceptive methods was the 'feminist' bias. Medical arguments for regular clinic visit and depreciation of sexual behaviour of lower class as irresponsible 'self indulgence' were, for Stycose, 'rationalization' of the rigidities of middle class morality in matters concerning sex. His critique of the IPPF discourse moved to an alternative approach to birth control by dispensing with 'the clinics, nurse and medical personnel'. Establishment of a network of volunteers both male and female and community leaders under the direction of non-medical employees could be, for Stycose, an alternative intervention.

Stycose's suggestions were substantively reflected in Indian family planning when in 1965, a panel of consultants was constituted under the Planning Commission in order to reassess the place of clinic intervention in family planning. However this report interestingly also retained the IPPF's clinic centred strategies. The report of the Panel managed to reform these two different strategies so that both could operate together without conflict. The intervention of the Planning Commission was in fact a response to some 'critical' views that came from the medical community as well as from experts in the field of policy studies. The rallying point of these views was the dissatisfaction with the manner in which contraceptive application was undertaken in family planning in India. In many instances, there were reports of erroneous and over-medicalised methods, which were considered not suitable to the Indian condition especially with regard to contraception. The critiques (from both official and expert circles) were directed at the clinic's dominant position in family planning affairs in the country.

As a response to these critical views, however, the panel maintained the IPPF position by observing in its report that even medical and paramedical personnel should not reconsider their own methods. The report pronounced that medical and paramedical personnel should not object to what they were supposed to do (Planning Commission 1965: 21). It was necessary because the panel believed that strict service rules and regulation would help strengthen the working of clinic in family planning programme. The issue was also discussed later by Advisory Committee on Scientific Aspects of Family Planning. The latter's report observed

that actual application of female contraception, especially insertion of IUDs in this case, should be performed 'only' by qualified physicians. The effectiveness of clinical intervention in family planning was also confined to only medical and health centres which had the requisite facilities. In the rendering of the Panel and the Committee, there was no explicit restriction on the role of medical professional and their knowledge in the programme. And yet, both the reports while emphasising the role of medical personnel also hinted to work out an administrative measure to ensure efficient working of clinic. Reflecting the views of the critiques, both the Panel and the Committee suggested that social and psychological understanding of reproductive sexuality would be a part of the clinical intervention in the improvement of the state of family planning in the country.

This led to the idea of integration of services, implying a reconfiguration of family planning programme by integrating fragmented services provided by different agencies under family planning programme into a unified administrative strategy. Family planning activities at the clinic now had to be combined with other services especially of health and nutrition. In this regard, a proposal was made by Central Family Planning Council to set up a committee especially to look into the matter. The purpose of the committee was to examine and make detailed recommendations on the administrative feasibility of running family planning under integration of services. Main features of the proposal included the followings: a) structure of integrated services at the peripheral supervisory levels; b) feasibility of having multipurpose workers in the field; c) training requirement for such workers; and d) utilization of mobile clinics for integrated medical public health and family planning services (Central Family Planning Council 1972). Following the recommendation of the Council, a Committee on Multipurpose Workers under Health and Family Planning Programme (also known as Kartar Singh Committee) was constituted in October 1972.

The Committee in its report submitted in 1973 outlined that multipurpose workers for the delivery of services in the field of health, family planning and nutrition were both feasible and desirable. It also proposed to integrate services at different



levels of the administrative hierarchy. For example, as the Committee suggested, the doctors at the Primary Health Centres (PHC) were to be empowered to be able not only to render health care but also to check the work of health workers at sub centres and their supervisors. In this manner, all dispensaries under the jurisdiction of a PHC were to divide the population on a geographical basis for their field visits. The suggestions of the Committee were accepted completely and actual implementation was to begin in the beginning of the Fifth Five Year Plan, 1974-79. Successive Plan documents also discussed the needs of formulating a comprehensive approach to developing a broad array of medical education, researches and services in health, family planning and nutrition. Subsequently, in 1975 a joint meeting of the Council resolved that family planning programme should be an integral part of the strategies of achieving rapid social and economic development and as such all department should be fully involved in the family planning programme at all levels (Central Family Planning Council 1975: 28-29).

The Minister of Health and Family Planning in his population statement of 1976 expressed the need to attend to ignorance, illiteracy and superstition of the people so that the clinic's place in family planning programme might be more effective. The concern to integrate services and knowledge of various departments was very much clear when he said in the statement:

The adoption of a small family norm is too important a matter to be considered the responsibility of only one Ministry. It is essential that all Ministries and Department of the Government of India as well as the States should take up as an integral part of their normal programme and budgets the motivation of citizen to adopt reproductive behaviour both in their own as well as the national interest (National Population Policy Statement 1976: 152).

The attempt was to move to a much more imaginative and elaborated intervention. In order to flag off the new strategies of intervention in family, health and sexuality, the Ministry of Health and Family Planning had started working in close co-ordination with other departments under different Ministries. Under the strategies of integration of services, as indicated in the 1977 policy statement of the Ministry (5), family planning had to be lifted from its 'old and narrow concept' and given a proper place in the 'overall philosophy of welfare'. The statement derived

its power from the imagination of totality in order to address the policy issues of family planning with new apparatus of strategies. As a result, birth limitation integrated with good nutrition, clothing, shelter, safe drinking water, education, employment and improvement in the status of women.

Family planning was rearticulated along with a new set of concepts and techniques that sought to achieve improvement in health, water supply, literacy of women and improvement in their economic and social status. For example, Planning Commission proposed to harmonize population policy with urbanization policy (Planning Commission 1983: 45-52). Under this strategy, number of small and medium towns known as 'growth centres' were to be created. The purpose was to create non-agricultural based employment opportunities in such centers. Such a policy initiative, according to the Planning Commission, was to allow population control measures to be linked to ensuring dignity, needs and aspiration of individual and community. Focus on dignity, needs and aspirations of citizens would provide them quality of life within the strength of nation's resources. High on the new strategy was not only to reduce in the birth rate but to engineer the city, which was no doubt the center of opportunities. The integration of urbanization and population policies had not only to be useful in controlling urban fertility and mortality rates. The integration would, as the Planning Commission believed, result in controlling the population across spectrum of rural-urban distribution. The new strategy had however a different, perhaps a greater, objective and it was especially to engineer the urban space. Degradation in health and sanitation, antisocial and illegal activities that could be resulted from swarming outflow of rural population towards the centre of opportunities could be controlled, the proponents of the plan believed, if management of urban space was made to be a part of the population policy.

Since then family planning programme began to embrace and coordinate all principal areas and governmental machineries. Many new institutions were created. In fact, family planning had since then been recognized as the 'premise' which would make all development efforts meaningful (Ministry of Family Planning 1976: 75). In order to look into the ways of further improving the integration

process, another team of experts known as Working Group on Population Policy was appointed in October 1978 under the Planning Commission. V.A. Pai Panandiker, who was then the Director of the Center for Policy Research, New Delhi along with another official from the Department of Family Planning headed the Group. The appointment of the Group was remarkable in two ways. One, apart from family planning, the Group's proposal to bring other welfare schemes into the fold of integration discourse had a wide implication. For example, various schemes designed under the Revised Minimum Needs Programme which had been operating under different Ministries were thus to be integrated. Two, the ideas of integration particularly in relation to family planning were most visibly present in its proposals.

The Group was primarily concerned with finding ways to link population control measures to other welfare programmes. In its observation of the advantages of integration of population control with other welfare policies, the Group strongly advocated the view that population control could be more popular and effective under integration because it believed that various social and economic programmes had direct bearing on the motivation and desire to attain good health, education, water supply and nutrition. The Working Group in its two reports, one interim submitted in March 1979 and a final report submitted in 1980, believed that non-official agencies working outside or in association with the state institutions could be best incorporated in population activities if decisions and implementation at all levels of administration under all departments and Ministries could be integrated (Planning Commission 1980).

After services were integrated in most of the welfare schemes, family planning needed to improve schemes of child care and health of women including better nutrition for pregnant and nursing mothers and infants, for example, immunization programme. Dissemination and collection of information had to continue with the calls for a whole set of improvement in standard of living, level of education, employment opportunities. The new discourse of administration had rearticulated the poor within the population control discourse and therefore attention was directed to engaging with this segment of population (Ghose 1992: 115).

So, giving 'medical advice' to the clients was not enough in the newly conceptualized method of administration. The new focus was on expanding the domain of the 'medical' going deep into the social. Thus the clients' desire and motivation were now to be governed through an expanded clinical method.

### **The Emergency**

Apart from the suppression of dissenting individuals and groups, repression of media, free thinking and speech, the Emergency must be recognized as an extraordinary intervention in family planning. This latter aspect must be seen not only in terms of the well recorded excesses (for example, Dayal and Bose 1977; Mehta 1978) but also in terms of the methods it employed. The Emergency does not occupy a counter position against the 'normal-constitutional' order and its functioning. I would suggest that Emergency is a limit of this normality itself and we cannot always separate Emergency from within what is possible under the normal order.

The question of excess becomes controversial when the sterilization cases were forcibly imposed, when target number was unusually high, when a large number of people were forced to get sterilized, when a number of administrative agencies combined to enforce the imposition, and finally when sterilization came to decide the fate of thousands of people's lives, property, jobs and family. Excess is also a heightened concern in the administrative language and in order to actualize these concerns, strategies of unified services was of utmost importance.

As we have discussed in the previous section, a couple of years before the Emergency, the need for integrating services under family planning had been accepted as a principle and there were good expectations from the unified strategy. This was what was actually taking place during the Emergency. For example, as Emma Tarlo's study shows (2003), in Delhi, particularly in the Welcome area, 'family planning' was inextricably linked to urban planning and 'city beautification' and slum clearance, because resettlement plots were available to only those who could produce certificate of sterilization. Similarly, Shah Commission of Inquiry in its interim report of 1977 also clearly mentions that

under Delhi Development Authority allottees of plots in resettlement colonies and applicants for allotment of plots, flats as well as industrial plots were to furnish certificates of sterilisation before finalisation allotment and handing over of the plot/flat (Shah Commission of Inquiry 1977: 202). It also notes cases where one of the spouses had to undergo sterilisation operation to avail of those facilities offered by DDA even if the other spouse had already been sterilized but prior to declaration of Emergency (ibid).

Family planning was exercised by different agencies of administration under Delhi Development Authority and Ministry of Health and Family Planning. In 'Paper Truths', Tarlo narrates the laments of the victims of slum clearance and sterilization drive. Tarlo is critical of contemporary specialist discourse that divides the experiences of the victims into two disciplinary fields: slum clearance under 'housing and urban development'; and sterilization under 'family welfare' which was the new official nomenclature given to family planning post Emergency (Tarlo 2012: 72). An interesting concern in Tarlo's argument is that while conforming to the administrative categories of slum clearance and sterilization, these discourses do very little to see 'how these two policies might have operated in relation to one another' (ibid). Tarlo is right in her suggestion to see the connection. She however does not explicate on the contingent form of the congeries that she has 'sited' in the Emergency.

It was during the pinnacle of the Emergency that Tarlo found what was actually happening to hundreds of people in Welcome area. In June 1976 the Special Secretary of the Ministry of Health instructed on his letter to Chief Secretaries of the states that family planning efforts needed to make up strong preparation for the coming year. The letter said:

Unless the *whole administrative machinery* is geared up [...] it may be difficult to achieve target (Shah Commission of Inquiry 1978: 155, emphasis mine).

About a year before the above dispatch, and after three months of Emergency, on 20 October 1975, Dr. Karan Singh who was Union Minister of Health and Family Welfare wrote to the Prime Minister saying:

While I am not at this stage advocating compulsion, it is essential that our policy should exhibit the determination of the Government to bring home the realization of the importance of the containment of population to individual families. [...] The present Emergency, and the declaration of 20-point economic programme by the Prime Minister, have provided *an appropriate atmosphere for tackling the problem...*” (Shah Commission of Inquiry 1977: 153, emphasis mine).

Even as these letters do not strictly represent the coercive policies as such, they certainly talked about the need to emphasise what the official desires under the condition of Emergency. At the same, we may also note that the official desires induced more possibilities of connection that could be established among various administrative agencies within government and outside of it. For example, a remarkable feature of family planning in Delhi during the Emergency was the involvement of voluntary agencies including individuals who were selected to organize sterilization camps. Shah Commission found that among the major family planning camps were ‘those organized by Smt. Ruksana Sultan in Dujana House, by Shri Lalit Makan in Pahar Ganj and Smt. Kaushalya Raman in Trans-Jamuna and other areas’ (Shah Commission of Inquiry 1977: 202). It is not my concern to discuss the identity of these key people who held an enormous power to be able to organize family planning camps at individual capacity. The point is just to suggest that there was an informal connivance between them and the ‘authority’. Let me cite one example from the Commission’s report. After successfully conducting a one day camp at Pahar Ganj on 28 March, 1976, the organizer of the camp, the Commission’s report notes, ‘Shri Lalit Makan wrote to the Director of Health Services on April 24, 1976 expressing his desire to re-start the camp at Pahar Ganj’. To this the Director informed Lalait Makan, the report observes, ‘that it would not be medically advisable to carry out sterilization operations especially on the males in places other than proper institutions’ (202). Significantly, the proposed camp was held in the middle of June with assistance from Irwin Hospital. It might also be noted that the Commission found from the records maintained by Irwin Hospital with regard to Dujana House camp that ‘some policemen posted at the local Police Station had themselves acted as motivators and were actually shown to have received the motivation money against formal receipts’ (202). We may also think about how it was possible for a man who was clearly informed of

the infeasibility of conducting a camp could actually muster the capability to go ahead and do it anyway. The assistance from Irwin Hospital which maintained the Dujana House records pertaining to the Pahar Ganj camp might also help to think about the process of selection and choice of key motivators/organizers of such camps.

The purpose of citing these examples is not to completely agree with what the Commission found as evidence. It is rather to see the deeper process of family planning as shown by these evidences. While the official discourse constantly denies any case of actual official order or instruction to conduct 'forced sterilization', nevertheless, the higher authorities communicated in some way or the other to the lower structure of the administrative establishment, the need to treat family planning as 'urgent'. Informal communication, a verbal signal or a relevant note of communication when conveniently interpreted, all gave rise to what happened to family planning during the Emergency.

It is in this process that family planning under the Emergency was basically a method to govern the excess. And that precisely is the reason why we may see family planning under the Emergency as not simply a coercive programme but as a method of creating more desires, more excesses and many more avenues of bureaucratic power. Family planning in the mid 1970s thus went much beyond the normal method of the clinic. It went to the limits of creating the consent of the governed by coercing the governed. It unsettled in many significant ways the clinic rationality as discussed above namely, behavioural reformation, data production and administrative improvement. Under this condition, behavioural reformation now came to be replaced with coercive enforcement and threats. Informal circulation of views and biases, even rumours, 'unofficial' and verbal information came to take the place of the normal production of information. Administrative efforts to improve family planning went to the extent that the programme itself came to be a condition to produce administrative excesses.

Again the sterilization camp with which most of coercive practices were associated during the emergency is different from what was officially understood as the camp experiment in the beginning of 1970s. We will discuss the pre-emergency form of

the sterilization camp in the next chapter. But to give a couple of differences between the two ideas of the camp, we may note that during emergency, sterilization camp was not an ‘administrative experiment’ at least in the official discourse contrary to what we found to be so in the case of the pre-emergency camp, especially the Ernakulam mass camps. What happened during emergency was a limit of the integration of services that aimed at enhancing family planning performance and implementation. The nature of the limit cannot be separated from the culture of administration that was developing around the concern to make family planning intervention more coordinated and effective.

In the post Emergency period the name of the official programme of family planning was changed to a new nomenclature and it came to be known as ‘family welfare’. The change in name was more than effacing the much detested memory of ‘family planning’ during the Emergency. The shift from *planning* to *welfare* built new political effects. The new name of the programme was conceptualized with a sense of ‘total welfare’ of the population. In this context, family planning in India began to engage with the question of overpopulation in two distinct but interrelated ways. First, population control was rearticulated in a different way by moving from intervening into the *family* towards focussing on reproductive individual *bodies*. The global discourse of reproductive choice and opportunity also had influenced the operation of demographic governmentality in India. In other words, the notion of ‘happy family’ had been increasingly identified with the need to protect the health of mother and child. Second, the concept of small family had deepened family planning practices by enhancing other welfare programmes which were already in operation.

Through the integration discourse, administration of family planning had now begun to devise various strategies to classify reproductive subjects into those who could manage their own risks and are therefore active ‘responsible’ citizens on the one hand, and those who could not and therefore were required to be intervened upon with new technologies to get them to behave in desired ways. The official imagery of the clinic was thus transformed substantively from viewing it technical functionary to constructing as an administrative method with redefined purposes.



This transformation was perhaps a deeper shift where the divisions of reproductive subjects were expanded under the clinical intervention and thus provided new forms of governmental technologies.

The clinic centred programme began much earlier than the arrival of the camp model in the 1970s in Indian family planning programme but yet it continued much later even after the camp model was abandoned. Population control discourse under the clinic method invented in a long span of its operation peculiar forms of hybridization and reconfiguration of the difference between the rich and the poor, the rural and urban. However, there is another process that strengthened in a much different way the new administrative discourse as represented by the later reformulation of the clinic. This was the rise of new mass sterilisation camp which presented new experiments in the way 'population problems' in India were viewed and new manner of engaging with the population. The following chapter is about the relations of administration, statistics and population as we find in the mass sterilisation camps.

## Chapter IV

### The Experiment with the Sterilisation “Camp”

Population control programmes produce particular objects of administration and specific relations between the planners and their object. The population control programme in India is constitutive of the manner in which population comes to be viewed as a problem for the administrative state. It is within this context that various kinds of knowledge are produced - for example, knowledge about the population (production of demographic data), the notion of ‘target population’ (demographically established social groups and classes) and expert advice on the manner of dealing with them (in the form of the clinic or mass sterilization through the camp). An understanding of these relations will allow us to see the relation of ‘population’ to administrative and planning rationality.

Unlike the clinic, the sterilization camp did not merely expand the scale of administrative strategies. The camp rather moved to a different direction where its strategies were functioning as forces in building a theatre of interest. In other words, the camp operated in a field of interests that equally concerned the administrative authorities as well as those who were recognized as ‘adopters’ of sterilization. The camp was a theatre of interest as the poor who came to get themselves sterilized wanted to get something from their participation while administrators of the camp sought to regulate the participators’ reproductive sexual behaviour. This was something that defined the peculiarity of the camp and even more pertinent to this peculiarity was the ways in which camps were organized, designed and displayed only to realize this end. The success of the camp depended more on the administrators’ skill to imagine experimental techniques of attracting increasing number of people and generating statistics from them.

This chapter is primarily concerned with the emergence of sterilisation camp in the administrative discourse of population control in India particularly since the third Five Year Plan to the beginning of 1970s when remarkable mass camps such as the

ones organised in Ernakulam in Kerala came to be considered as the most successful administrative and managerial venture in the field of population control.<sup>1</sup> My purpose of studying sterilisation camp during the specified period is to see how the sterilisation camp can be seen beyond the conventional understanding of it as the administrative experiment, in order to consider it as a form of power that offers an understanding of complex relation between statistics, administration and population.

In this context, this chapter will examine two elements of the sterilisation camp — statistics on the one hand and the theatre on the other. We will engage with these two facets of the camp by examining the rise of the idea of the camp in the administrative discourse of population control in India particularly since the third Five Year Plan with reference to the case of Ernakulum experiments in Kerala in the beginning of 1970s. The purpose of studying the camps to see the manner in which particular interpretive exercise of the administrators enabled to organize sterilization camps as the best and most productive managerial experiment in the entire population control project of India.

### **The administrative idea of the camp**

Unlike the formal, institutional services, skill and mentality which were associated with the clinic intervention, the strategies of the intervention discourse of the camp were characterized by a creative innovation, one that tended to focus on the target population. The strategies were modeled to organize the unorganized population into becoming legible groups of people amenable to novel administrative planning,

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<sup>1</sup> Two large-scale sterilization camps were organized in Ernakulam District of Kerala. Another camp was also organized later but we will focus on the earlier two camps. The first camp was organized for one month from 20 November to 20 December, 1970 and the other from 1 July to 31 July, 1971. The man behind the large scale movement for sterilization was the District Collector of Ernakulam, S. Krishnakumar. He offered a detail report of the two camps in *The Ernakulam Experiment in Family Planning* (1971). The achievements of the first and the second camps were spectacularly high. A total of 15,005 vasectomies were performed in three places in the first camp and the second camp had performed 63,418 vasectomies which were four times what the first camp achieved. The success of the camps was, according to Krishnakumar, a product of the high level coordination of administrative departments rather than the incentives given at the camps. The more important element that was responsible for the record achievement of these camps was effective planning and management (Krishnakumar 1974: 60).

interpretation and intervention. All these efforts had a grand ambition: to build mass awareness and participation in the camps. The logic of incentives was also most vividly exercised and executed at the camp when it had to identify specific pockets of target population. The incentive was in the form of compensation for the 'cost of travel and wage lost' when people came to the clinics where sterilization services were offered. However the notion of incentive was later redefined not merely in the way it was used for the purpose of compensation and motivation, but as administrative strategy in order to ensure proper management of the target. It was instrumental in mobilising the target population and therefore was prescribed and enforced by many governmental agencies in their ambition to achieve their target. The camp was administered by invoking the numerical significance it could achieve. It was a part of a larger concern of 'special programmes' of intervention into the identified areas where target population lived.

The Planning Commission in its report on Evaluation of Family Planning Programme in 1965 said:

The camp has a very important educational aspect. The process of organisation of the camp can go a long way towards creating a climate of understanding and acceptance of family planning, in the community. Also, persons who came forward for the operation get strong psychological support from coming in a group. In an urban situation, perhaps, the camps may not be so necessary (Planning Commission 1965: 79).

Considering the prevailing cost, convenience, and the degree of 'voluntary' participation of the people, the Government of India fixed a target of five sterilisations per 1000 population per year and high incentive mass vasectomy camp were since then encouraged and promoted with huge funding. The fundamental basis of observation could be understood if we look into the growth of the concepts of incentive and target. In April 1964, the Government of India took serious note of intensifying sterilization as part of population control and planning. Subsequently, a scheme was sculpted to provide a certain amount of money in the form of incentives to be paid to any person willing to undergo vasectomy, to the surgeon performing the operation, and to anyone who motivated others to undergo

sterilisation.<sup>2</sup> The government had a list of such incentives, some of which were meant for the motivators or canvassers who recruited acceptors of sterilisation. The motivators however mainly consisted of those who were desperately in need of any job for a daily life. There were thousands of field workers who had long experience in the field of family planning programme and they also worked as motivators. And yet the role of government officials both in higher and lower hierarchy of the bureaucratic establishment was not less than that of these experienced field workers. To add to this chain of recruiters were community leaders especially in the villages who had certain claims of authority in villagers' world and life and then those who were part of the national freedom struggle.

On the other hand, there were incentives for either individuals or groups who accepted the prescription that government offered to them. These incentives were in the form of monetary or non-monetary, immediate or delayed, graduated (which were offered in a later date depending on the number of children a couple had) and non-graduated 'compensation' (Satia and Maru 1986: 136). However, Indian family planning programme specialised in offering incentives to individuals, in the form of monetary, immediate and non-graduated. The advantages of introducing incentive led many officials to further improve the practice and thus it was incorporated and developed as a fundamental basis of a full fledged scheme. Since then the incentives became a prominent feature of what came to be known in the official parlance as HITTS (*Health Department Operated, Incentive Based, Target-oriented, Time-Bound and Sterilization-Focused Programme*) which continued to operate till 1977. Under HITTS, there was always a concern to target a specific number of sterilisations to perform and a specific number of contraceptives to insert (Intra Uterine Contraceptive Device IUCD). The notion of target made it easier for the governmental agencies to judge the extent to which the population control programme achieved its objectives. It was a calculated move to identify

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<sup>2</sup> The letters used in this chapter were sent from the Ministry of Family Planning to different agencies with regard to family planning programme. For all official communications in the form of letters used in this dissertation, see Gupta, J.P., N.K. Sinha and Amita Bardhan (1992, Volume I and II). The year refers to the year in which the letter was dispatched and the page number refers to the page of the respective volume as indicated in reference column.

performance of the functionaries. By setting certain numerical objectives to achieve, these moves helped to determine which population groups, localities and activities would need to be intervened upon. For example, the ‘most eligible’ candidates for incentive were those in the lower income groups who had an earning of below Rs. 150 per month (Planning Commission 1965: 63). More elaborate calculations were later devised in order to incorporate the growth rate of specific categories of population, their living conditions, income, and level of literacy (Donaldson 2002). Accordingly quotas were distributed on a range of population groups to be brought under various agencies. Consequently, specific places where the poor usually lived became visible sites of population control intervention. Slums, labour colonies, plantation and mining zones, all came under the coverage of this giant move of intensive and mobile intervention – **the sterilization camp**. Sterilization units went to every nook and cranny, across the villages and cities. The belief behind these efforts was to make ‘family planning’ more popular among the target population, and to make it easier for them to come and get the service ‘instead of expecting the people to come to a distant clinic’ for the same (Planning Commission 1965: 60-61).<sup>3</sup>

There were two important, interrelated elements through which this end was to be realized and these were the notions of *incentive* and *target*. Incentive was normally offered to those who came for sterilization to the family planning clinics which were running in large numbers even at the beginning of the official family programme in the early 1950s.<sup>4</sup> The logic of incentives however acquired a more significant role when it was used at the sterilisation camp as it helped to identify

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<sup>3</sup> For example, there were instances of effective administration of sterilisation in some places in the beginning of 1960s. For example, from January 1956 to the end of March 1963 a total of 3, 95,870 persons including 2, 42,371 males and 1, 53,499 females were reported to had been sterilized. Notable among these were the camps organized at Satara in Maharashtra in October 1961 where 1400 vasectomies were performed. In another seven the camps organized in Kolhapur district of Maharashtra in December, 1962 a total of 2,224 vasectomies was performed.

<sup>4</sup> In order to make family planning efforts more efficient, clinics were established across urban and rural areas. By 1968, for example, India had over 26,000 family-planning clinics in addition to almost 9,000 hospitals and health centers providing birth-control information and supplies. It increased to nearly 45,000 with more than 41,000 located in rural areas, along with 862 mobile units in just two years in the end of 1970.

specific pockets of target population and promote their participation in the camps. It is at the camp that incentive was redefined not merely in the way it was used for the purpose of compensation and motivation, but as administrative strategy in order to ensure proper management of the target. Incentive was instrumental in mobilising the target population and therefore was prescribed and enforced by many governmental agencies in their ambition to achieve their target. In April 1964, for example, the Government of India took serious note of intensifying sterilization as part of population control and planning. Subsequently, a scheme was sculpted to provide a certain amount of money in the form of incentives to be paid to any person willing to undergo vasectomy, to the surgeon performing the operation, and to anyone who motivated others to undergo sterilisation.<sup>5</sup>

The concept of 'target' however, operated in a different manner. While prescription of a specific numerical target was to measure the performance of family planning, target was also the number of people or ratio of eligible couples to be protected in a specific period, mostly on annual basis. At the same time, the *number* of people to be brought under the periodic target was also specific to what *kind* of couples in what areas, what age group, of what economic and social background, etc. Here we see that target was on the one hand a tool in the form of *numerical target* for the administration to achieve, while it was also the *identity* of the numerical figure. In other words, the numerical figure which was set to be achieved was also identification of specific population groups to be targeted. The notion of target was thus constructed both as numerical figure and demographic figure. Again, within this administrative construction of target, those who had adopted sterilisation as a method of family planning would be known as 'protected' as against the 'unprotected' couples who had not yet adopted sterilization. This administrative division of demographic identities would again be statistically transmogrified into a numerical figure, as target achieved during a year

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<sup>5</sup> The letters used in this article were sent from the Ministry of Family Planning to different agencies with regard to family planning programme. For all official communications in the form of letters used in this article, see Gupta, J.P., N.K. Sinha and Amita Bardhan (1992, Volume I and II). The year refers to the year in which the letter was dispatched and the page number refers to the page of the respective volume as indicated in the reference section.

and a demographic figure that would need to be targeted. The objective of the camp strategies was to broaden the span of the *demographic figure* only to bring forth higher and higher *numerical* target. One fundamental rationality of the camp was thus to expand the administrative surveillance as well as the popularisation of the acceptance of family planning methods, particularly sterilization.

The idea of the camp was in this sense a way of evoking a mass response. Popularity was a fundamental concern for the administrators when they proposed strategies to organise sterilization camps. In his report of family planning for the year 1962-63, B.L. Raina, the then Director of Family Planning, particularly focussed on the moral, social and psychological support at the mass level in order to ensure the individual who came for sterilization got 'a good psychological climate in the community' which would favour the 'adoption of the norm of a smaller family size' (Raina 1963: 34). Such was the importance of the concern for building a heightened climate of popularity that 'group acceptance' was one of the three basic operational goals of family planning programme. The other two were collection of information on people's attitude and knowledge about family planning and large scale publicity. Group acceptance was not only an objective to be realised but also a means to popularise the idea that this was the norm commonly believed to be the best way to family happiness. This was clearly shown when Raina wrote:

Each individual should *know and feel* that the immediate society or community to which he belongs has agreed, as a group that having a smaller family size is the *normal desirable behaviour* for the members of that group (45, emphasis mine).

The techniques of the camp were directed in order to deepen these feelings, thereby constructing a norm. More interesting was the ways in which these techniques determined the manner of conducting sterilization camps. The endorsement for sterilisation also included particular ways of organising mass camps. For example, in 1973, the Ministry of Health and Family Planning issued this instruction:

Sterilisation camps should be arranged in areas where the normal facilities for undertaking male and female sterilization are inadequate and where it is possible to provide facilities by pooling manpower and equipment for the duration of the camps. (Ministry of Family Planning 1973: 76).



About two months later the Ministry announced closure of Mobile Service Units which were not effective in light of the outcome that the camps produced. These service units were utilised to propagate sterilisation in order to ‘motivate’ people and popularise sterilisation as birth control method in specific localities, districts and communities. By revealing that there had been slow progress and performance of many Mobile Service Units, the Ministry decided to retain only one Unit in each district while disbanding others which were found to be ineffective (Ministry of Family Planning 1973: 77).

Along with this development in the administrative imagination, series of camps were organised at various ‘public’ places especially where pockets of target population were clustered. As a routine, two or three campaigns were launched every year and camps were organised for weeks. During the camps, canvassers who were generally poor and illiterate spread out in *bazaars*, railway stations and other such public places where there were crowds, searching for potential acceptors of sterilization. Large number of people was brought to the sterilization camps and were sterilized. The success of the camp was, in fact, understood officially on the basis of its ability to devise methods to attract copious number of poor people to the camps.<sup>6</sup> A demographer observed that high incentives to

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<sup>6</sup> When more than 10,000 men were sterilized in five weeks in the camps in 1960 in Maharashtra, B. L. Raina, Director of Family Planning, in his report for the year 1960, observed that this could be a model for other states too (Central bureau of Health Intelligence, Annual report of the Directorate General, 1960, p 181). He further contended in his report for 1962-63 that the ‘psychological impact’ of the camps was “considerable amongst the general population” (B. L. Raina, *Family Planning Programme: Report for 1962-63*, Director General of Health Services, Ministry of Health, Government of India, p15). Following the encouragement of such the camps especially by the government male sterilization was primarily focused because a surgeon could perform the operation in ten or fifteen minutes under local anesthetic. In the same year, about 1,58,000 individuals of which more than 70 percent were males were sterilized under the strong encouragement of the Ministry of Health (J.P.Gupta, N.K. Sinha and Amita Bardhan, *Evolution of family Welfare Programme*, National Institute of Health and Family Welfare. Vol. 2, 1992, p 6). More such camps followed in other places as well. For example, in November 1967 a twenty seven day Gannavaram Family Planning camp in the Krishna district of Andhra Pradesh was believed to have broken a new ground with as many as 2,101 tubectomies and 412 vasectomies performed in the camp. Three days later in another Family Planning camp in Jedcharia Town in Mahboob Nagar, a record of 1,560 vasectomies in just one day was kept by a team of thirty doctors along with a number of para-medical personnel (Report of Jandh Bandha Sabha, Hyderabad. 1968, “Story of a great venture: 1,560 operations in a day”, Family Planning News, January. pp 21-22).

acceptors and motivators along with well planned motivational programme under carefully worked out coordination between various governments departments actually made the way for the camp to be so successful (Khan 1981: 117).

However the methods of attraction were not to be understood simply as persuasion. The ways in which these methods were imagined also inscribed in themselves a move to mould an internal potential desire in the people to meet the norm. All camps followed this pattern and Ernakulam experiment in mass sterilization camps were the most spectacular of all, not only in terms of the achievements but also of the manner in which the methods of persuasion were designed and pursued.

### **Experiment at Ernakulam**

One of the most spectacular aspects of the camp intervention was its administrative ambition. The focus on creating a huge and elaborate network of various tools and resources in order to achieve the objectives was most vividly shown when two large-scale sterilization camps were organized in Ernakulam District of Kerala. Another camp was also organized later but this chapter will focus on the earlier two camps. The first camp was organized for one month from 20 November to 20 December, 1970 and the other from 1 July to 31 July, 1971. The man behind the large scale movement for sterilization was the District Collector of Ernakulam, S. Krishnakumar. He offered a detail report of the two camps in *The Ernakulam Experiment in Family Planning* (1971).<sup>7</sup>

The first camp was, Krishnakumar wrote, ‘a sacred, concerted and concentrated effort’ and symbolized ‘sacrifice of the participants and the public’ to the cause of ‘welfare and prosperity of the nation’ (1971: 29). The symbol of the first camp was a ‘worn and sad woman carrying on her hips an emaciated and undernourished infant and in her belly yet another child to be born’. It was for the District Collector to symbolize the ‘desperate though latent demand of the mothers of the country for family limitation’ and to appeal ‘to the world for Justice’ (36). What he suggested was that the problems of the nation could be solved through a genuine,

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<sup>7</sup> Discussion in this section is mainly based on this particular text unless specifically mentioned.

innovative skills and imagination of those in charge of administration as well as the collective responsibilities of the people at large. In his narrative, the success of the two camps represented a potentiality of the camp to act in collaboration with the people.

The achievements of the first and the second camps were spectacularly high. A total of 15,005 vasectomies were performed in three places in the first camp and the second camp had performed 63,418 vasectomies which were four times what the first camp achieved. Participation of non-official agencies and huge public support for the family planning movement in the district, Krishnakumar argued, had made untenable a general criticism that family planning programme had been a purely government programme. The success of the camps was, in his final analysis, a product of the high level coordination of administrative departments. In finding out the significant factors to the success of the camps, Krishnakumar thought that incentives were not the single most important factor that contributed to the record achievements of the camp. Yet, it substantially led, he wrote, to many people to actually accepting sterilization. This was due to a high degree of 'motivation' which was again a result of monetary and material support given to the participants by many agencies including non-government organizations. The participation of the corporate and other agencies, in Krishnakumar's views, served a dual purpose. Their participation made incentives quite attractive and this attractiveness acted as one significant reason to motivate potential adopters. The other purpose was that the corporate participation helped to elaborate a mechanism of system of incentives and of active participation for donors in population control programme. The more important element that was responsible for the record achievement of the camp, Krishnakumar explained, was the participation of many government departments including the revenue department, education department, primary school teachers and officers of community development and *gramsevaks*. To this he added other agencies such as Sales Tax, Motor Vehicles, Harijan Welfare, Industries, and Civil Supplies. This was the reason for the camp's staggering success.

Apart from this, as Krishnakumar argued, the deployment of a vast network of field workers who worked for the Intensive Agricultural Area Programme, in

coordination with the family planning workers, got immense effect in terms of achievement of vasectomy target as realized in the two camps. Giving importance to such participation and the management of who should participate in what manner, the District Collector believed that incentives were not decisive but only supplementary. The Ernakulam experiment, in Krishnakumar's view, brought into focus the most important single factor of the high performance of the camp and that was the 'effective planning and management' (Krishnakumar 1974: 60).

Effective planning and management however has to be understood not only at the level of administrative structure but more at the level of how the planning and management came to be understood as 'effective'. There were many factors from which this effectiveness was derived. We will discuss some of them below.

### ***Management of publicity***

The conclusion that the planning of the camp was effective could be understood if we look at how the administrators of the camp could manage their target through 'publicity'. Various forms of promotional activities were launched even during the entire one month period of the camp. Large scale and high intensive campaigns were basically launched through the press, cinema, radio and thousands of posters, banners, hoardings were distributed and put up at every significant public places. Apart from these, group talks, cultural programmes and public meetings attended by the Collector and other senior officials were regularly held across Ernakulum District (Soni 1971: 13). Special teams of motivators known as Family Planning Educators visited places where large number of the target population live. So they visited places like factories, labour colonies and settlements, slums. In places like large offices, dock labour organisations, the naval base, they found their target in large numbers.

Activities conducted included musical, folk performance and public speeches by dignitaries. They were planned and displayed in a grand manner at strategic places at the camp. The publicity invoked a carnival like atmosphere. It created a festive environment in which various teams and agencies, places and people, means and forms of communication and places of meeting were brought together in the most

skilful fashion. Publicity could transform the domestic reproductive orientation of thousands of men into the exhilaration of public responsibility.

I would suggest that the camp was a an administrative experiment in which the 'private' and 'secret' was regulated in the spirit of the 'public' The camp therefore operated as a form of governmental power that seeks to regulate the 'private' by producing it as a 'public' concern. We will return to this point later when we discuss the management of 'embarrassment'.

### *Production of opinion*

Rallies were part of both the camps. In such one rally, during the first camp, more than four hundred people who came toward the Town Hall, which was the camp site, chanting in Malayalam:

Hear the voice of the Indian Masses,  
Who sweat and toil on this sacred land,  
Hear this patriotic clarion call,  
Two we are and two for us! (Krishnakumar 1971:67)

This slogan was not merely a 'patriotic' call. This is precisely an example of production of 'public' opinion. The camp mainly relied on the production and management of public opinion. The techniques of the camp approach needed to continually produce this opinion. Perhaps, the real significance of the camp was understood in terms of its capacity to garner this opinion. In fact, the camp deployed various measures in order to further enrich the opinion. This did not however come about all of a sudden and this was what those in charge of population control were fully aware of. The 'public' opinion was used to thrust the ideals and values of family planning and to also build up calculated efforts. And the programme planners and administrators did it well every time a camp had to be organized. To create this opinion, the camp administrators had to have a certain predetermined end on the background of which the psychology of the people was framed. For example, a banner proclaiming 'Let This Misery Not Happen To You' was carried on a jeep which also had a tableau depicting an unplanned family with many children clinging to their parents. The purpose of such a widespread public display of slogans and symbolic messages was to frame what the planners called a

‘desirable psychology’. It was always with this predetermined end that planners managed the mode of publicity at the camp.

### ***Taming of embarrassment***

Krishnakumar had to deal with a particular issue and that was the issue of embarrassment. The camp was organized in such a manner that would dispel ‘cloud of secrecy, embarrassment and wrong notions’ on matters concerning male sterilization. The technical-medical team at the camp provided ‘technical advice’ to those who came here for sterilization. One of the major themes of such advice was on the apprehension of prospective acceptors who had ‘wrong notions and fears’ about vasectomy. Such notions included fears of impotency and health hazards which they feared would be caused by vasectomy. The camp was successful ‘in large measure’, Krishnakumar proclaimed, in overcoming the feeling of embarrassment precisely because it reassured that coming to the camp was for a noble cause and socially acceptable (1972: 181).

The prudery regarding subjects relating to sex and reproduction could not withstand the grandeur of the Town Hall where the main part of the camp was organized. The camp site was particularly selected, the Collector argued, with a view to bring the wrong notions of ‘secrecy and embarrassment’ to the full view of ‘public gaze’. It seems the grand structure of the Town Hall was designed in order to offer a sense of psychological security to the participants and thereby allay fears and resistance. The camp, according Krishnakumar, reinforced this conviction to the cause of the population control and demystified the fear of the ‘surgical interference with the reproductive physiology’. He was right when he said that the camp could break down the barrier. What he believed was that the sterilization camp had to teach the people that they could come in large numbers as if they were coming for ‘inoculation against Cholera or Small Pox’. When he saw people standing in queue in front of various counters or waiting in front of the operation room casually with ‘no sense of any self consciousness’, he wrote they were standing like they did at a cinema ticket counter. This was for him a complete taming of embarrassment. The efforts of the planners of the camp were ‘effective’

again when wrong notions of secrecy was completely overcome and successfully removed from the minds of the masses.

In the rest of this chapter we will see how the camp and its implementation was less an administrative idea but more as a site where a politics was in operation that reveals the complex relations of this administrative idea, statistics and desires of the population.

### **Statistical work of the camp**

A crucial element of camp intervention was data collection. Some data was collected at the camp site during such programmes while most of the relevant and significant data were collected through investigations conducted as part of post-camp interventions. The latter type of data collection were specially designed in order to 'know' the social and economic background of those who came to the camps and physiological and psychological effects of sterilisation on those who had been sterilised. Mostly, these investigations were invested with funds from the Ministry of Health and other international funding agencies. In one such analysis of the camps in Ernakulam, particularly the major two camps of 1970 and 1971, Veena Soni of the Ford Foundation revealed that the wives of acceptors at the two camps were comparatively younger than those of acceptors under regular District and all-India family planning programme. This was, Soni wrote, a 'major significance in light of the unprecedented number of vasectomies performed at the camps in a very short time' (1971: 33). Regarding the level of education of the camp acceptors, Soni's report further observed that the camps could reach 'greater proportions of persons with lower educational status' (33). It was expected that a greater number of people with lower education would form majority of the acceptors of the second camp than that of the first one. What actually occurred was however the reverse as majority of the acceptors in the second camp belonged to the category of higher educational status. The report also suggested that the first camp could attract large number of acceptors from the city and surrounding suburbs. This could be probably because, the report noted, intensive promotional and motivational campaign aimed at 'labour concentration groups' located in urban areas (1971: 40).

Again, Krishnakumar's analysis of the camps was along the same lines too. The acceptors' income, according to him, was slightly above and educational status slightly below that of sterilization acceptors under the regular district program. Giving economic and social characteristics of the acceptors he wrote that majority of them, about 75%, were agricultural labourers, cultivators, and small farmers who constituted only 60% in the normal clinic programme of the entire Kerala and 45% under the Ernakulum district programme (1972: 182).

The belief that the 'camp approach' would increase the popularity of sterilization to such an extent that, when the intensive campaign and material incentives were abandoned, the number of sterilizations would continue to rise, was however never the case. In this context we may note that number of vasectomised persons drastically declined after the large scale camps in Kerala in particular. For example, Population Research Centre of the Government of Kerala in its report, *A Study of the Characteristics of Sterilised Persons in Kerala (1974-75 and 1975-76)*, revealed that during 1967-68 the rate of vasectomized persons per 1000 males was 5.46 while it jumped to 11.93 during 1971-72. However, the rate was 'declined to 1.64 during 1974-75 and increased to 8.20 in 1975-76' (PRC 1980: 17).

The statistical work of the camp both during and after the camps highlighted the need to recreate and reproduce the various categories of adopters as the 'object' of the future camps. The camp was seen as a potent experimental strategy to popularise categories like motivation, popularity, responsibility and public opinion. While the statistics generated around the operation of the camp revealed the categories of the population that had been brought into these categories, the planners of the camp always looked far beyond. Their visions and outlook only opened up new avenues for the statistics they found at the camp. The interpretive-interventionist capacity of the camp was subtly inscribed in the 'imaginative planning' of the administrators. In fact, the Ernakulam camps were emulated as 'planning and organisational model' in family planning programme in other parts of the country (Krishnakumar 1972: 184)



However, an analysis of the camp also reveals that population control was a part of a larger politics of meanings, desires and engagements. The camp's success in the beginning of 1970s, particularly the Ernakulam camps, was perhaps a riddle for many. Especially so, because the number of sterilisations actually fell in those areas where camps achieved high records of performance in the past. Many post-camp investigations followed to understand the reason for this. But the intention to know and the knowledge produced through these investigations is the other side of the 'reality' that the politics of the camp constructed. The question that would come up is how the imaginative planning of the camp was seen by the large masses of people who came to accept family planning 'methods' provided at the camps in a very short span of time.

Let me give an example of this aspect found in an investigation of two districts in Kerala --- Ernakulam and Malappuram. The study was prompted by a desire to investigate particularly the management and motivation techniques used during the Ernakulam mass camps (Valsan 1977).<sup>8</sup> In order to investigate falling number of sterilization acceptors under the normal regular programme compared to those during the mass camps, the investigation met a number of health professionals, administrators and field workers. From the field interviews with large number of field workers, the investigators found that lack of cooperation among doctors in charge of family planning and administrative officers and personnel of family planning was a main reason behind the falling number of sterilisation cases (151). We may note that during the large scale camps there were huge efforts on the part of the administration, particularly the district administration, to coordinate everybody in the field and the personnel of departments directly or indirectly involved in the population control. When this frame of intervention, the manner of interpreting the camp and ways in which the camp was administered broke down,

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<sup>8</sup> It was conducted during 1973-1974 in order to investigate the management and motivation techniques that were used in the camps organised in Ernakulam and regular programme of sterilisation at the clinics in Malapparam districts of Kerala. The study used questionnaires which were sent to programme personnel in both the districts. Extensive interviews were also conducted in the field including lengthy, open ended private interviews with family planning acceptors, civil servants, physicians, political leaders and social workers. The interviews focussed on administrative leadership, staff morale, incentives and recruitment.

the system failed. In this light, the report of the investigation found another aspect even more important than the above: the reduction of the amount of incentives. The reduced amount of incentive was, for Valsan, one of the most important factors for falling number of sterilisation cases in the district. Under the regular family planning programme, monetary incentive of only Rs. 21 was authorised for each vasectomy acceptor. This was a drastic reduction in incentive, compared with what was given to them during the mass camps during 1970-1971 where each acceptor received monetary and material incentives of more than Rs. 100 on the average (152). The material incentives at the camp had included a week's ration of rice, a sari or dhoti, wrist watch and other useful items such as antibiotics and vitamin capsules. In fact, the incentives offered at the mass camps was found to be precisely the reason why eligible 'clients' would not go to a clinic for sterilisation services. Most of these clients were reluctant, the investigation revealed, to go to a clinic for sterilisation because they were hopeful that another mass camp with more valuable incentives would be organised in the near future. 'The sterilization operation', wrote Valsan, 'evidently had come to be perceived as a commodity that clients could sell to the government whenever the price would be increased' (152). That is, the people offered their reproductive capacity as a commodity valuable to the state's administrative ambition, and to use it as something which it could bargain over, most successfully at the camps.

Another such study is equally revealing. Demographic Research Centre (DRC) under the Bureau of Economics and Statistics of the Government of Kerala conducted an investigation of the characteristics of camp acceptors on the basis of the data collected at the mass sterilization camp organised at Palghat in January-February, 1973. The Palghat camp was perhaps the most important mass sterilisation camp organised in Kerala after the Ernakulam camps. The investigation examined the demographic and socio-economic characteristics of persons sterilised at the camp. One of the primary concerns of the investigation was to assess the opinion of the acceptors in order to use in future family planning policies in the state. Of the 10,083 male acceptors at the camp the investigators selected 862 persons for interview. However the investigators could meet only 419 acceptors at their houses. The reason for the inability to contact the rest was,

according to the report, due to 'wrong address given, persons having left the place' (Demographic Research Centre 1977: 2). The authorities did not however look into the possible reasons for why acceptors gave wrong addresses. The reason in fact did not interest them because their only concern was to collect opinions of those who were available in their record book as correct information. The theatre of the camp however, is haunted by the missing persons, by the politics of 'wrong information' given and recorded. We will come to this point in the next section.

In terms of literacy, the investigators calculated that 29.4% of vasectomised persons and 46.6% of their wives were illiterate. While 15% of the acceptors belonged to the category of literate but below primary, another 9.5% of the acceptors had their educational qualification above matric and above. Like all demographic investigation conducted in relation to family planning in India, the DRC's analysis also concluded that there was 'a negative relation between education and average number of children of the acceptors' (6). Of all the acceptors, about 69% were unskilled labourers and agricultural workers. It was much the same for the wives of this group. The report measured cultivators standing first in terms of having the highest number of children while they were those who had lowest number of living children.

From the statistics given by the investigators themselves it would be easily noticeable that the purpose of the investigation (that is to assess the demographic profile of the acceptors) and the very fact of the camp participation (that is high acceptance of sterilization by the poor, illiterate, unskilled and agricultural workers) actually concurred at an interesting point. The camp was organised to cover the 'demographically' vulnerable population and the investigation was to produce empirical and much general information about this population. The statistics produced at the camp was useful and had in this sense significant policy implication. But the purpose of this statistics did not end here. It had to ensure for the sterilisation camp to engage with the desire of its particular object that is the poor, in general. The sterilization camp thus produced a theatre of performance and expectations that in a sense imploded upon itself.

## **The theatre of the camp**

Let me again direct attention to another significant section of the DRC's 1977 report—'opinions of the acceptors about the camp'. This is what the report writes:

In follow up study of camps, the eliciting of opinions and attitudes of the sterilised persons with regard to the organisational details of the camp and family planning acceptances, will be useful for organising future camps (8)

Of the opinions the investigators most curiously wanted to note down, the reasons for preference of the camp was one that covered the major portion of the questionnaires. The investigators found that most of the acceptors preferred mass vasectomy camp for the higher monetary incentives. The report further disclosed that only 2% of those who were interviewed were prepared to accept less than Rs. 50. When they inquired into the amount of money expected what they found was that 92% of the total acceptors suggested remuneration of Rs. 50.99. The DRC's investigators later took the point that the expectation of higher incentives would help to attract large number of people to such camps. About 94% of the acceptors interviewed understood family planning as a 'great blessing' for poor people like them. They could understand family planning as a blessing, the report declared, for the first time in their lives from the publicity arranged in the mass camps. Interestingly, the investigators did not further ponder how it was possible for the semi-literate, poor workers to think of a 'great blessing' when they came to know of the camp and family planning for the first time in their lives. The investigators however did not enquire what possibly could be a meaning of the blessing when the poor talked of it with huge expectations from the government. For the investigators the blessing could be of some forms including monetary returns and incentives. The DRC's report clearly mentioned:

With much higher monetary remuneration for each sterilization and consequent higher cost per sterilisation, there is a strong need to do careful weeding so that *only demographically effective cases are sterilized; others whose acceptance will result in poor yield from the demographic point may be advised to go in for the normal programme* (14, emphasis mine).

The critical question is why there was low yield in the sense of 'demographically ineffective' despite tall claims of such reports such as the one currently studied. At

the end of the report it was very well recognised that there was a need to have 'more conscious selection' of acceptors in order to achieve 'better demographic impact'. This means there is something that the administrators could not decipher. While they know that quality has not improved in terms of age and number of living desired to be brought to the camp, the contention is that the camp does well, particularly in the way the way it is seen as the means of education of a large number of people. The only good thing is that the effectiveness of its methods and techniques of the camp is proved by the degree of response from so many people in a very short time. In other words, the success of the camp lies in the data it produces through which it appears to be the best experiment to imagine new administrative strategies through which to attract large number of people towards population control.

While it is now clear that the poor in general and the rural poor in particular came to the sterilization camps, it is not to be readily derived from this that they came only because they were successfully persuaded or forced to come to the camps. Datta Pai in *War for Survival* reported a vasectomy camp organized in 1967 at Mumbai's Victoria Railway Terminus. 'Pimps and crooks', to use Pai's words, tried to persuade 'innocent' people and they were successful in conning them into having a simple 'injection' in return for a cash reward. Many of them who officially became 'adopters' were those who 'suffered from poverty, and many other were beggars'. He argued that the increase in monetary incentive from Rs. 12 to 20 for adopter-motivator led to 'the growth of sterilization racket' (undated: 34). What Pai did not understand was that what he saw as a 'racket' was not an aberration, that 'conning' and gullibility were not exceptional, but written into the normal manner of operation of the camp. That is, population control at the camp can be seen neither as merely a voluntary and uncritical acceptance by the people of the administrative ambition of the state, nor purely in terms of 'conning' that denies agency of the poor altogether. All these elements were present in the desire of the poor to participate in the camps, and also, this desire cannot be completely separated from the discourse of public spirit and good citizenship that accompanied the camps.

In this context, we may also note what Robert E. Elder found in one such investigation in rural Uttar Pradesh, one of the most populated states in the country. He narrated the following story which he found during his field investigation. A health assistant from Jaunpur district was working for two days in a village and he had two 'cases' (this was the title used to refer to the adopters that a promoter found for sterilisation) to bring to a small camp organised at a nearby health centre. When the two *clients* (in clinic discourse) or *cases*, in the camp discourse, arrived at the camp the following day, the motivator who discovered them came forward with a smile to greet the two cases. Before he could do his warm greeting, another person who was working towards the same end, came to offer them Rs. 30 in cash. To the surprise of the two recruits, the package included allotment of two *bighas* of land each for them if they would undergo vasectomy under his name. In another incident related by Elder, a health assistant from Mathura district had two cases for vasectomy. Suddenly a social worker from the same village as that of the two recruits suddenly came to the scene and took them aside. He explained to them that the person who brought them to the camp would give them less than what he could. He promised that he could give them three times the amount of fertilizer they had requested if they would go with him for vasectomy. The two villagers readily agreed (Elder 1974: 252-253).

Elder recollected these two stories in order to show the competition at times took an 'ugly turn' in the administration of incentive and target. To understand the peasants' motivation only from the side of the interpretative frame of the administrators as Elder does, however, is to deny two significant elements: the interest of the peasants and active agency of the peasantry in general, which in Elder's account is assumed to be a passive subject completely persuaded by the motivators. Elder however did not see that this was not an ugly turn but in fact, the game that was played out there at the camps. Politics of the camps produced sterilization as a price paid by the peasants and the poor in general to meet their other, more important needs while the authorities offered to fulfil these needs as the price paid by the state for their 'official' success stories.

In order to push such success stories to a higher level and on a wider scale, administrators of population control used what Ashish Bose termed 'targetism'. As Bose put it, this method of administration justified the expanding horizon of progress of expenditure on family planning (Bose 1988: 79). Bose pointed out there was a prevalent belief that the family planning programme would collapse if the cash incentive were withdrawn (147). He on the contrary argued that the programme would take off 'only when the ill-advised injection of cash incentives into the delivery system which has led to so much corruption, commercialisation and insult to human dignity', was discarded from the programme. Highlighting serious flaws in the administering the family welfare programme, Bose interestingly focussed his argument on the need to change the official thinking about the issue of population in India. Even though, as he argued, some poor people were attracted to what he called 'one shot micro-mini anti poverty programme' where they were given incentives in kind like blankets and utensils and in cash for undergoing sterilization, the programme would do little service in alleviating poverty. Bose highlighted the difference of perception in the way people generally thought about what the officials were doing for them. For example, as Bose wrote, the 'profound writings' of experts and planners on the costs of rearing children and benefits of preventing births were actually countered by what he called 'robust commonsense' of the people. Bose wrote:

Ask any villager: "Would you accept Rs 5000/- cash down or Rs. 50,000 after you retire on condition that you have only two children?" He would at once seek a clarification: what do you mean by two children: two boys or two girls? If your answer is "it doesn't matter, if they are boys or girls", our villager immediately reports: "it does matter" and you ask to depart; and if he is clever enough, he would tell you that he has only two daughters and claim the money, even if he has six children (148).

This is, according to Bose, the state of civil registration in the country. What is significant in Bose' critique is that a programme based on surgical intervention along with a faulty civil registration would appeal only to the exhausted generation of largely older people coming to the programme thus producing no desired demographic effects. Yet, the demographers including Bose who criticised the official target policy as unscientific and ill-advised conceptually (also in other works, for example, Bose 2000a; 2000b; 2001 and 2003), did not see that those

who gave wrong information (or ‘lied’ to the authorities) could not be simply corrected by a proper method of registration.

Bose fails to attend to the fact that this political behaviour is not something that registration department can define as either wrong or correct behaviour. The camp modulates this behaviour to a degree where its administrators can use it in order to expand the objectives of the camp. The site of the camp must be seen as one in which the governor-administrator-interpreter on the one hand and the acceptors-population-citizens on the other are constantly reconstituted, as for example, when, to use Bose’ phrasing, the ‘profound writings’ engage with the ‘robust commonsense’.

The camp (and the clinic as we discussed in the previous chapter too), worked in this sense, to constitute a *welfarist* outlook with which, we may argue it worked successfully. The camp was administered and interpreted in a way that productively and effectively put into use the methods that popularised the notion of welfare itself (such as what was inscribed in the official slogan ‘small family is happy family’). These methods (including those used in the clinic and camp approaches) while refiguring the relations of all policies, agencies and their operation in bringing about ‘betterment’ of the population had also constructed specific manner of welfare administration and even the meaning of welfare itself. Presupposing that ‘welfare’ was giving certain qualities of wellbeing to the people or the state of being well for the people, the statistics collected and data produced by the camp produced the notion of welfare as an ‘object’ of administration, as well as the condition of meanings and techniques to be deployed in order to popularise the idea that what was being done was for the welfare of people. So welfare now became for the administrators and planners a category with which their interpretive imagination, administrative sensibility, and political rationality were exercised. At the same time, welfare administration sought to produce and strengthen this category in ever expanding domains of governmentality. The sterilization camp in the beginning of 1970s produced a mass effect of this notion by invoking an administrative normalization of ‘family welfare’. And at the same time, the acceptor/participator in this project were reconstructed as particular kind



of citizen subjectivity in an interpretive ordering that emphasised the values of modern, responsible and self-reliable citizens.

Governmentality of population control in India had thus overwhelmingly produced different shades of the 'rationality' of planning. As we have seen in the camp, it worked as the principle of interpretation of and intervention into the life of the specific population groups. It always responded to the behaviour of those who are governed. So in the metaphoric sense, the camp was short-lived. But its power was retained in the hopes of the poor and in the imagination of the authorities. For the latter is always awake and alert to the desires of the poor, not necessarily meaning that the authorities always fulfil the desire of the poor. This would be so in the sense that there is always a body of relations of negotiation, a whole domain of political engagement where new subjectivity and methods are constantly formed and reformed.

In other words, the interaction between what the experts think and how their objects behave constitute the conditions enabling the politics of the camp to persist. The camp died faster than expected, but as we have seen, it still continues to live and replay itself in other sites of governmentality and will be so for a long time.

## Conclusion

The purpose of this dissertation has been to examine population control within the framework of governmentality politics. I have studied for this purpose three elements of population control in India especially during the period from 1950 to 1970. The three elements under study are demographic surveys and research especially knowledge, practice and attitude (KAP) surveys; family planning clinic intervention; and political-administrative rationalisation of the sterilization camps. The three elements are tightly organised, administered and encouraged for a successful implementation of population control under the rubric of family planning during the first three decades of second half of the twentieth century in India.

My analysis is focussed on the genealogy of particular knowledge produced and practised in the administration of 'population control', officially known as 'family planning'. The argument of this work may hopefully be a contribution to the study of postcolonial governmentalities particularly in the field of welfare politics in India. This research has three general objectives. Firstly, it is to understand how the term 'population' in population control has been constituted as a thinkable, imaginable, calculable and manageable category in the administrative discourse particularly in demographic data production, clinic persuasion and rationalisation of the sterilization camps. Part of the exploration has been to enquire into the ways in which reproductive sexuality is constructed as governmental object. Secondly, at the level of practice, I have also tried to conceptualise the specificity of relationship that is found in science-policy nexus and administrative strategies that have together claimed to set forth measures to control population growth in order to produce certain objective such as 'happy family' and 'happiness'. The concern here, then, is to explore the relationship of logic of governability and the idea of 'objectives' to be realised. The third one is a broad exploration of emerging trend in the administrative politics, especially in reference to sterilisation camps in India in the second half of the twentieth century.

Focussing on the concerns of various agencies including the state to provide scientific solutions to the problem of population growth, health, and development in India during the first three decades of independence, I have sought to examine a much general thinking advocated by these agencies that reproductive sexuality, if not controlled under family planning norm, leads to serious welfare, health and development challenges to the nation. This idea is an outcome of a particular political-administrative discourse that governs the working of especially three agencies which in fact also serve as the location where the discourse is actually practiced. Of these, the work of demographic data is focussed especially in Chapter II. As I have argued in the chapter, demographic science as a discipline performs a critical role in population control and it provokes a specific ordering of the 'reproductive' field by producing a large body of demographic data and knowledge. The practice of ordering however does not generally describe the reality. It displays the connection between the description of reality and the assumption of the specific reality of a norm which is there already as the one to be explained and intervened. I have also argued that demography does not only produce 'demographic' knowledge but also actually creates what it supposedly maps.

Moreover, the importance given to the demographic surveys and data in the official family planning programme lies in the belief that the professional rigour and themes of 'positivism' and 'objectivity' can represent what is *out there* in the field. Riley and McCarthy in *Demography in the Age of Postmodern*, however, argue that the demographic methods and professional ethos with which to collect, interpret, analyse and measure information most particularly on fertility have serious theoretical limitations resulting into demography's inability to respond to critical issues raised in other fields of study such as feminism. As I have shown, my argument particularly in Chapter II is not to offer a critique of what demographers do within the framework of their idea of scientism and scientific methods. What I have sought to argue is that demographic knowledge and methods have discursive effects. The remarkable achievements of the demographers' method and the discourse in the production of large scale demographic facts of Indian people actually initiate better ways of implementing population control

programme. While the importance of demographic facts is undoubtedly central to conceptualising the strategies of intervention, there is also another function of the truth claims of the demographers. These claims generate a series of surveys conducted during the period from 1950s to 1970s and have to a great extent worked out to influence on the state practice as well as welfare politics. In other words, the efforts to know reproductive behaviour of the people also actively take part in the politics of fertility regulation in India. It is in this context that I studied family planning clinic and the sterilizations camps.

The family planning clinic, as I have shown in Chapter III, is actually a model of governance. Its function is much larger than what is generally considered of it as an institution or an agency providing family planning services. The clinic deploys two explicit strategies, intertwined to each other. One was to transform the female clients as source of data as well as an object of clinical and family planning study. This is with a view to ensuring an efficient regulation of reproductive and conjugal sexuality. Secondly, the clinic interprets and regulates the ‘family planning’ behavior of large number of women in particular on the basis of the information collected at the clinic as well as the information gathered by home visits of the clinic staffs. While these strategies deployed by the clinic are the predominant feature of family planning activities, the clinic itself becomes a principal figure in population control. By working as a fundamental apparatus of thought and control, I have argued that the clinic primarily functions to promote a coordination of services in the production of family planning ‘norm’. Apart from this we may also understand the manner in which the political space that sets the clinic to operate specifically to promote the “norm” of happiness and ‘techniques’ through which to realise happiness. Unlike what has been primarily discussed in the study of happiness (for example, Dutt and Radcliff, 2009 and Inglehart, 2006), that generally refer to how actually people are happy in particular political-institutional order, such as democracy and its institutional functioning and the level of satisfaction that people gets within such institutional order, what I seek to suggest here is that the idea of happiness in family planning is cast as something that needs to be experienced if certain things, guides and services given at the clinic are followed and put to use. In other words, the biopolitical concept of happiness as we

find in population control basically incorporate benefits supposed to be accrued to reduction of family size, increasing life chances of quality children, and enhancing health and welfare of the mother, all woven tightly in population control. By seeking to propagate, interpret and resolve the problems of population, the clinic has been reinvented in the sterilization camp.

In Chapter IV, I have argued that in the sterilization ‘camp’ – typically imagined as ‘festival’ of family planning – the clinic is essentially reconstructed as the most practical means of reaching out to the masses, the poor and the welfare dependents and thus as administrative experiment to govern especially the poor, illiterate and those in need of corrective measures through education and incentives. The camp is imagined to be rather open than close, inclusive than exclusionary, rehabilitative than punitive. So much like the governing the marginal and poor lot, the much preferred method of dealing with the entire population of an extended territory under administrative units has been through the measures undertaken at the sterilization camps. The poor more generally come to participate in the camp in order to get something out of their participation and the camp administration seeks to regulate their reproductive sexuality by providing incentives to them in both kind and cash. When incentives are employed, as Ruth W. Grant puts it in *Strings Attached*, the concern for convincing the people that collective goal is good or motivating them to pursue those goals by appeals to ‘rational argument, personal conviction, or intrinsic motivations’ is seriously absent, if not completely (2011: 7). Grant’s argument is that incentives as option for the people to make choices are ethically challenging for they create a situation where people are likely to be less ‘altruistic’. Despite the fact that incentives are voluntary, for Grant, it does not settle this ethical issue. Taking into account of the rise of incentives in the language of social control and of social engineering in America in the early part of the twentieth century, Grant argues that the prevalent ideas of incentive in the social ‘engineers’ toolbox’ brings to the fore critical ethical aspects of their use (9). Experts seek to manipulate behaviour. By substituting it for persuasion, thereby foreclosing deliberation and debate, use of incentives, Grant argues, poses a serious question to the role of experts in democratic-institutional order. This will, according to Grant, also implicate the ethical question of what kind of citizens are

aspired to have and develop. Given the ethical concern in this argument, however, Grant does not seem to consider the politics of ethics particularly in large scale programme such as family planning. When the poor come to the camp, for example, it is not simply out of choice and voluntarism that makes the camp a possible fact. There is the sense of ethical exercise of responsibility that is promoted perhaps most carefully planned. If we consider this, then Grants argument of ethical issue does not arise in the specific political form in which the ethics of responsibility survives and is produced. Despite the use of incentives in Indian family planning even long before the emergence of the camp, it only becomes instrumental to the administrative success of family planning organised at the sterilization camp. It is not so because it appeals to 'less-altruistic feelings', nor comes over altruism or not even that the altruism is massively invoked. The success of incentives and the significance of the use of incentives lie in the politics of negotiation, where participation goes beyond the ethical issue raised by Grant. Ethics is not an issue here but constitutive of the interests involved in such negotiation as we have seen in the Ernakulam camps.

Further, as I have noted in that chapter, an outlook of care and protection have emerged along with the administrative visualisation of what is supposed to be pursued at such camps. Under this administrative visualization, instead of emphasizing on the strategies of prevention, the shift is towards nourishing the condition of welfare in all aspects. This mode of thinking is prominently present in all major welfare policies in India during 1970s and the period that follow. With this, a new policy discourse develops during the period by instituting various strategies of identification of risky individuals, groups, localities, conditions and practices, with a view to working towards eliminating those risks. The transformation from the clinic to the camp mode represents widening biopolitical interventions. Welfare programmes bring forth the politics of constructing and reconstructing various forms of negotiation and struggle for recognition under such programme. The successful experiment of sterilization camp with its remarkable achievements leads to a unified administrative efforts to control and construct as well as engage with the collective desires of the population. This is what I call the

politics of camp. This politics has been increasingly seen in welfare practices in India in the last three decades of the twentieth century.

Foucault has outlined in *Security, Territory, Population* (2007), the significance of the biopolitical production of collective desire. The earlier problem of the sovereign, according to Foucault, is to say 'no' to any individual desire or interest in order to exercise legitimacy of the sovereign power. However, under the new political economic analysis particularly in the eighteenth century Europe, the problem that emerges is entirely different. The concern under this analysis is not how to say 'no' but to say 'yes' to this desire. The problem of this new rationality, as Foucault argues, is concerned with everything that could stimulate this desire so that it can encourage it (73-74). To say yes to the desire of the individuals, in Foucault's analysis, is therefore to produce a desire at the collective level. The production of the collective desire thus is as much for the authorities to realize their objective as for the people to meet their interests. I think there is a link of crucial importance between the normative desire of the disciplining agencies and the autonomous desire built at the collective level. This also means that there is the possibility to think about policy in terms of what the policy does rather than to study how policy is used to achieve certain ends. Shore and Wright (1994) in *Anthropology of Policy* argue that mainstream study of policy focuses on the ways in which policy works as instruments of governance, as ideological vehicles and agents for constructing and organising people within what they call 'systems of power and authority' (35). To break with this manner of studying policy, they propose to suggest that policy discourse also offer to reconceptualise the social and political space articulated through the operation of the policy discourse. Their suggestion informs my concern in this dissertation to find out how we can move from the study of population control policy to population control practices. I have also noted this in the Introduction as well as in Chapter IV. My purpose is to draw on the practical, imaginative and technological side of population control in India in order to see that family planning norm is constructed through enumerative-interpretive technologies and that this norm is also a 'political behaviour'. Under population control, family planning would mean a combination of the two characters – the norm and the behaviour – as normative behaviour. Governing the

normative behaviour is pursued through promotion of happiness, production of data, construction of the reproductive reality, incentives and other welfare measures. This is something which we cannot see merely as production of disciplined bodies and subjectivities. It is rather political production of the 'normative' as a legitimating sphere of control and intervention enabling the population control programme to operate. This would offer a better approach to new empirical domains of encounter which William Walters calls 'unexpected meeting' between governmentality and the political (Walters 2012: 5) and even more so in the light of what has been critically engaged yet in other recent governmentality studies as well (for example Brockling et al 2011).

Here I direct attention to a crucial aspect of population control and that is the manner which sets population control also as a mechanism of bringing forth a different kind of the notion of citizenship. Anupama Roy (2010) argues in *Mapping Citizenship in India* that membership to the community of citizenship 'is deeply embedded in principles of governmentality'. This also implies the fact that the production of citizenship is preoccupied with identification and is ensured through enumeration and categorization. Those who belong to the Indian citizenship and those who do not is, according to Roy, an unsettled domain, rather than being a fixed categories (27). However, the focus of Roy is the legal form of this unsettled category. Beyond the juridical-legal discourse of citizenship such as what Roy seems to engage in dealing with the process of ever expanding nature of the contingent forms of citizenship there is another process in operation. If we closely look into this process we may be able to understand the relationships that the contingent forms of citizenship has with the practices of governmentality. It is in this light that I seek to analyse these relationships in my study of population control. What I have found is that under population control, various political-administrative planners and experts associated with the programme consistently refer to the modern, responsible, consenting and voluntary 'citizens'. At the same time, it is through the very notion of responsible citizenship that population control is actually mobilised at a massive scale. And most interestingly, their belief in population control and the solutions they have devised has an objective. This objective is not simply to control the alarming rate of population growth but to see



and plan for a society where quality children, responsible parents, healthy mother could live happily. In fact, to put it otherwise, their persistent efforts are directed towards achieving certain norm of living as good citizens. What I am suggesting is that citizenship is also a political-administrative construct on the basis of such norms. To consider citizenship as a given subject or a claim-embodied subject that has its life in the legal text as the right bearing agent in the way liberal political theorising understands it does not however take into account of the serious connection that we see between norm and the subject, normative behaviour and institutions that govern it. As I have noted earlier, practices of archiving the ‘population’ into the official registry, and the language of governance, for example in statistics and policies, result in constructing various forms of normative objects and figures including that of the citizenship. Rather than considering the notion of citizenship as the marker, figure, agency as well as a subject of the ‘normative’, we may analyse the normative-space in relation to its associate political-administrative machine. Engagement with those who are to be brought under the fold of certain norm also builds a different notion of citizenship. An analysis of governmentality politics around norms and behaviour therefore offers to reconceptualise the notion of citizenship. My concern here is to find in what ways we can make sense of the management of population in our attempt to see citizenship within the discourse of management of population. By doing so, I believe we can move from citizenship ‘discourse’ to the relation between citizenship and population. As I have suggested, population is constituted as the embodied figure of a ‘reality’. Can we then account for the specificity of population control within the framework of governmentality politics? It is to this question, and other related issues that I now turn.

This dissertation seeks to reposition the critical role of number or precisely the statistics, data and information in the circulation of policy discourse particularly in population control. I have looked at the complexity of the process by which particular types of data are visualised in order to imagine and direct ways and means of managing the population. In other words, I have argued that data produced at three different moments of population control — demographic inquiries, the social intervention and of the clinic and experiments of the camp —

give rise to new circulation of power in the form of institutions, methods and strategies of administration in each of these moments.

That said, population control can be studied by moving it away from being studied as policy. Perhaps a more productive approach is to see that through population control, particular political-administrative language come to represent and analyze 'population' as a problem which is intelligible and amenable to what the language stands for, through which the problem is discussed and spoken about. In fact, the need to know the reality, in this case, of the behaviour and condition related to reproductive process of various groups would involve presenting and re-presenting 'population' as a particular demographic feature embodied in certain groups. For example, married couples are divided into a series of categories as belonging to different social and economic strata, such as urban and rural, educated and illiterate, rich and poor, upper caste/class and lower caste/class including, tribe and non tribe, unemployed and employed, groups belonging to different religions and, of course, male and female, etc. All these divisions constitute various technologies to exercise the bureaucratic-institutional power and are fundamental basis to mobilising on the values and ideas of certain objectives such as, happiness. There is a 'political rationality' of governing through these divisions. This rationalization is not superimposed but is made manifest at every count of the attempt to relate the policy to its target, bureaucratic-institutional authority to the clients, the experts to their objects, planning to the things to be planned, the intentions to the consequences.

It is in the making of these attempts and in the relations that operate that population is discursively constructed as a political object and made to work into its own sphere as both the *represented* and the *real*. Demonstrating the existence of this sphere and other spheres in which to realise the objective of the scientific-administrative demonstration, the work of political construction of population is ensured, established and maintained. Similar idea is also put, though in a different context, in *Rule of Experts*, in which Timothy Mitchell particularly examines the expert politics in the modern emergence of a sphere called 'economy'. Focusing on the process by which the notion of economy is produced, Mitchell argues the term

economy is neither a product of collective imagination to place alongside ideas like culture, society, class, or the nation nor is it a name given to economic processes that already exist. Seemingly absolute forms of opposition or difference between representations and the world they represent, social constructions and the reality they construct are actually, Mitchell points out, unsettled and it is this unfixity, the contingent uncertainties which are constituted in order to identify the existence of what we know today as the 'economy'. As much as the uncertain forms that come to be organised into a coherent relations are part of the economy, the work of experts in dealing with them are also constitutive of what they think is the way things should be. The economy occurs to exist when these uncertainties and the process of their forms are transformed and reorganised into an object, which as Mitchell argues, had not previously existed. In other words, 'economy' does not come about as a new name for the processes of exchange that economists study. The making of the economy is in this sense the politics of knowledge which reproduces expertise. As in the way Mitchell conceptualises 'economy', the notion of 'population' is also partly but in significant ways related to the construction of population as a political-administrative object. I have studied enumeration and survey technologies and their 'scientific' claims in population control in order to see that construction of population as a political-administrative object is ensured only through them. In *Trust in Number*, Porter argues that the notion of objectivity has been a power to govern the validity of science and scientific knowledge as well as a 'form of knowledge that, in important ways, is genuinely public' (231). The pursuit of objectivity in science and public life is, according to him, discursively formed. The notion of objectivity has made the claims of the science-policy nexus a remarkable achievement in the recent history of policy practice especially in the west. In addition to this, construction of particular notion of the 'target of government' which, as Rose argues, is precisely the mapping of 'object domains upon which government is required to operate' (Rose 1999: 197). Images of political life, Rose writes, are shaped realities disclosed by numerical technologies including statistics, population counts, accountancy, economic forecasts, budget and the like. Perhaps more profound in understanding the critical political performances of numbers than to think of numbers as instruments of calculation is

to see them, to put in the words of Rose, as 'constitutive of the domains they appear to represent' (198). It is in this sense that numbers could be seen as a domain which is politically composed of but also as the domain of politics which is 'numerically made up'. The idea is pretty close to what Jonathan Xavier Inda argues in the context of immigrant population. Enumerative knowledge is necessary for effective rule, as Inda argues, for government needs to 'know' reality in order to act efficaciously upon it (Inda 2006: 64). It is through numerical technologies that 'illegal' immigration has been rendered as a problematic dimension of experience of those who are immigrants. According to Inda, practices of enumeration have largely been responsible for the production of the illegal immigrant as a socially significant category which is in other words a fundamental effect of counting. This counting practice and the data generated about the illegal immigrants have together fashioned a domain with specific qualities and features with which to constitute immigrant subjectivity (65).

I suggest that the notion of 'population' in population control does not however merely appear to be an artefact, a creature born out of enumerative machine or merely a creation of the experts, or a form produced merely from the works of governmental agencies including the state. Nor is population the given, a datum to be drawn out. The understanding that population is created statistically as representative field, scheme, data or as figure drawn by the surveying hands or as a target or outcome of particular policy do not enquire upon the constitutive nature of population in the entire constellations of engagement. If we see that survey constructs a technical object to be investigated, the object is clearly teased out as legible only to the knowledge of the field which may be a group of people, for example married couples in rural areas. To see 'population' as a governmental concept requires to embed how it becomes contingent upon the imaginations of what kind of state, society and economy is desirable and how the desire is sought to be a collective, amid contestations, not leaving behind adaptation, adoption of and contestation to that desire. Population control cannot be understood only at the level of the actions of experts. On the contrary it is through the population control that we can see the expert doing the things. Expert does not come on its own. It has something to do with what the expert has to know and experience. It is also an

effect of what have already been known and experienced at the professional-technical capacity of those who we know as experts. The implication for the claims to be expert, scientific, practical and suitable and implementable come from such concerns such as what to be targeted and who to be mobilised and how to ensure the intended target get the benefits and promises. This is not external to the planning exercise. Here I find the works of those who study rural development particularly Robert Chambers relevant in order to understand articulation of expert and expertise knowledge. Though Chambers' works are basically on the critique of the traditional data collection methods in rural development projects and policies which he aptly calls as 'data production', the implication of the critique however is much situated in the need to constantly invoke and reconfigure expert ideas and the very position and notion of 'expertise' in development planning. As Chambers (1994 and 1997) points out, the concern of expertise approach in rural development discourse that focuses on 'finding out' of the conditions or the truths about the rural community has been largely abandoned since the 1980s, in favour of an approach that emphasizes handing over 'control' to the responsibilities of rural population. The shift in focus as well as method of intervention which is now well known as 'participatory rural appraisal' (PRA), is not to constitute, Chambers argues, knowledge by extracting data about the rural population. The new concern, according to Chambers, is to mobilize local 'capacities' for the 'self-conduct' and 'responsibility' in the field of rural development policies and practices. Governmentality politics in fact includes both the cases mentioned above, namely, the process of data production through enumerative technologies as well as the construction of capable and responsible individuals as a collective desire and agency. PRA represents, as Chambers elaborates, the transformation of the rural development techniques particularly in backward countries into the discourse of rural participation. However, the technique is itself an institution as well as a method of exercising power, of interpreting and intervention in the political space where knowledge of rural population is produced and reinstated as a way of managing the rural experience. Particularly in *Revolutions in Development Inquiries* (2008), Chambers urges for the need to critically reposition what the experts in rural development have already established when he writes:

Professionally we are pointed towards teaching and learning. Our professions, professional bodies, universities and colleges do not run courses on *unlearning*. Nor has anyone, to my knowledge, written a book on the *unlearning organization* (186, emphasis mine).

At such juncture, we can move to a possible dialogue between the Foucauldian analysis of power-knowledge to that of the problematization of expert-knowledge-power conundrum that Chambers' works seek to suggest. Again if we bring in depoliticisation critique advocated for example by Ferguson's notion of "anti-politics machine" to population control practices, we have to account for what type of political relationship is mapped between the interpretive-interventionist moves of the planners and institutional authorities where they are actually exercised, on the one hand, and those in whose name such interventions are played out, on the other. While the claims of expertise, planners and administrators are made available and put into service, the discourse of intervention and regulation is explicable only in the relationship of what they intend to do and what has come out as 'unintended'. As I have noted in Chapter II, the planning rationality of the experts are always reconfigured in relation to the unintended consequences. And this is precisely what I argue that 'un-intendedness' is very much part of the discourse of intervention. Moving further, we can also understand Chandrasekhar's and Krishnakumar's innovative strategies of population control in light of what they have imagined to be a breakthrough in family planning: the camp. It implicates the fact that certain type of information is made to be dearly necessary and hence the question, 'who will do how'. Statistics and counting are not only practically necessitated but also instituted through an interaction from a source, a field and reality to be extracted or expressed, *ethnographed* and mapped. For every exercise of planning rationality and for that matter any developmental intervention and policies, what cannot be missed to be accounted is the fact that there are shifts actually taking place in the way the 'technicality' from the point of view of planners is defined and even exercised. There are changes taking place in terms of the manner in which the shifts has to be related to the objects of the rationality. Again the knowledge built up in the process of planning about any particular individuals or groups moves to further transformation even leading to its reorientation. This is not simply about planning. It involves whole lots of other

things, for example, matters concerning the working of institutions, administration and most significantly methods of exercising power particularly in the form of interpretation and intervention. They develop in new forms and networks of power. At the same time, even the discourse that mobilizes strategies to deploy particular models such as the clinic and the camp develop along with what it seeks to regulate, explain and interpret. In the same manner, the concept of population also changes, far from being a fixed “object” to be that which escapes that fixity but which needs to be engaged, reconfigured and redefined not merely as objects but also as constitutive of what planners seek to define as their object.

Chatterjee’s notion of political society seems to ignore this aspect of governmentality practice. What is missing in political society, as Chatterjee understands it, is the manner in which a programme like population control provides particular modes of governing as well as the condition for reconceptualising particular necessity as contingent upon the strategies of such a programme. A related question that we can raise is this: How is, then, that certain thing cannot be governed as planned, imagined and expected? This is a general question that usually comes up when policy or any welfare intervention is being brought under study. My concern, on the contrary, is to try to understand how it is first possible to think for some things to be planned, intervened and governed. What makes these things governable? What makes the possibility to administer in particular ways? If we relate these questions to the notion of ‘population’, as I have suggested, population is a fundamental, technical and political necessity. And yet the engagement with it is always political. It produces many more objects, norms and positions along with various currents of transformation, negotiation and contradiction. It might well be said that ‘population’ in population control is constitutive of the totality of the intention to know, the methods of interpretation and ways of exercising power in relation to those on whose behalf the claims are produced and exercised. At the same time, just as population is given an empirical life through enumerative representation, population control exerts technical description of population in order to engage with it on the terms of its described form and condition. And even more significant is that the concept of population is always contingent on the action and response, intended and unintended,

oppositions and division which are collectively governed by the logic of what we know as population control and its practice in India. This however is an aspect of governmentality politics that still needs to be explored further and I have attempted to do so rather in a broad manner.

Though my basic argument in this dissertation is not particularly related to what we usually understand as 'modernity' in general, the study in demographic investigations, clinic intervention and camp administration has a broad reference to modernity and the politics of modernisation in India. Production of population data and political-administrative practice of these data are some of the sites where modernity is encountered, performed and constituted in the form of new ways of thinking about society, development and change. This is the point of departure for my study of population control in that I attempted to explore the methods of power and power of techniques. So much for this to happen, I believe, we need to think that power is always constituted in the form of discourse, institution, knowledge, objects, desires and the methods with which to exercise it, and this is what I have attempted to do so far.



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